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The International Journal of  
**INDIAN PSYCHOLOGY**



Person of the Month  
Alfred Adler (1870-1937)

Editor in Chief:  
Prof. Suresh M. Makvana, PhD  
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**Chief Editor**

Prof. Suresh M. Makvana, PhD

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This gives me an immense pleasure to announce that ‘RED’SHINE Publication, Inc’ is coming out with its third volume of peer reviewed, international journal named as ‘The International Journal of Indian Psychology. IJIP Journal of Studies’ is a humble effort to come out with an affordable option of a low cost publication journal and high quality of publication services, at no profit no loss basis, with the objective of helping young, genius, scholars and seasoned academicians to show their psychological research works to the world at large and also to fulfill their academic aspirations.

The International Journal of Indian Psychology welcomes submissions that explore the social, educational and psychological aspects of human behavior as related to human. Because The International Journal of Indian Psychology takes a broad and inclusive view of the study of both psychology and social science, this publication outlet is suitable for a wide variety of interests. Appropriate submissions could include general survey research, attitudinal measures, research in which criminal justice practitioners are participants, investigations into broad societal issues, or any number of empirical approaches that fit within the general umbrella provided by the journal.

At last, our thanks go out to the members of the journal who have done their best to work at this collaborative effort. May you continue in this wonderful spirit, which, we are sure will sustain your efforts in the future towards enhancing and enriching this journal.

**Prof. Suresh Makvana, PhD<sup>1</sup>**  
(Editor in Chief)

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<sup>1</sup> ksmnortol@gmail.com





Index of Volume 3, Issue 3, No.11

No.	Title	Author	Page No.
1	<b>Person of the Month: Alfred Adler (1870-1937)</b>	<b>Ankit Patel</b>	<b>1</b>
2	Emotional Intelligence, Social Support and General Well-Being of Working and Non-Working Muslim Women	Dr. Nishat Afroz	6
3	<b>Health Locus of Control and Health Behaviours in Lung Cancer Patients</b>	<b>Medha Tripathi H. S. Asthana A. K. Asthana</b>	<b>20</b>
4	Impact of Spirituality on Depression, Anxiety and Stress of Students Preparing for Competitive Exams	Manpreet Ola	31
5	<b>Internet Addiction among Adolescents: A Review of the Research</b>	<b>Vandana Goswami Dr. Divya Rani Singh</b>	<b>37</b>
6	Investigating the Effectiveness of Eye Movement Desensitization and Reprocessing (EMDR) on Children with Post-Traumatic Stress Disorder (Traffic Accident)	Matin HassanzadehMoghaddam Dr Javad Khalatbari	45
7	<b>Issues, Problems and Possibilities of Life Skills Education for School Going Adolescents</b>	<b>Prof. C. G. Venkatesha Murthy</b>	<b>56</b>
8	Promoting usage of ICT in Open and Distance Education Programs	Dr. G. Vasudevaiah	77
9	<b>Stigma in the Social Life among Mothers Having Children with Intellectual Disabilities: Challenges and Suggestions</b>	<b>Rajesh Kumar Mourya R. N. Singh Ashok Rai</b>	<b>81</b>
10	Study of Relationship between Emotional Intelligence and Organizational Commitment with Job Satisfaction of Staff of Ebne Sina Hospital by Using the NEO Personality Inventory	Marjan Mohammadian Farnoosh soltanmmohamadi Farshid ebrahimi	91
11	<b>The Relation between Personality Characteristics and Self-Efficacy and Successful and Unsuccessful Aging</b>	<b>Mina Kafaei kivi Dr Abdollah Motamedy</b>	<b>102</b>
12	Understanding Mind through Indian Psychology	Sreeja Gangadharan P S P K Jena	112

No.	Title	Author	Page No.
13	<b>Giftedness among School Children: A Review</b>	<b>Kiran N C C. G. Venkatesha Murthy</b>	<b>119</b>
14	Attitude towards Marriage and Life Satisfaction among Mid Adults	Shefali S K Navya Shree G C	130
15	<b>A Comparative Study of Quality of Life and Coping Strategy in Depression and Obsessive Compulsive Disorder</b>	<b>Kunzes Singh. R.</b>	<b>138</b>
16	Quality of Life among Parents of Mentally Challenged Children	Rishi Panday Nazish Fatima	152
17	<b>The Impact of Personal Characteristics on Innovative Work Behaviour: An Exploration into Innovation and Its Determinants amongst Teachers</b>	<b>Kanan Deep Kaur Dr. Vibhuti Gupta</b>	<b>158</b>
18	Women's Desire for Freedom and Power Motive: A Study	Dr. Lakshmi Pandey Bi. Shabila	173
19	<b>A Critical Overview of Research Studies on the Role of Positive Psychology Interventions in Enhancing Subjective Well-Being among High School Students</b>	<b>Jayashree Sanghani Saroj Arya</b>	<b>182</b>
20	Study of the Emotional Maturity Level in Students of Saveetha Dental College- A Questionnaire Based Study	Nivetha Dr. Karpagam Krishnamoorthy	194

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## Person of the Month: Alfred Adler (1870-1937)

Ankit Patel<sup>1</sup>

<b>Born</b>	7 February, 1870 Vienna, Austria-Hungary
<b>Died</b>	28 May, 1937 Aberdeen, Scotland
<b>Citizenship</b>	Austrian
<b>Known for</b>	Individual psychology, The concept of the inferiority complex, President of the Vienna Psychoanalytic Society, 1910
<b>Fields</b>	Psychotherapist, Psychiatrist



Alfred Adler is known as one of the most influential thinkers in psychology. While he was initially a member of the Vienna Psychoanalytic Society, Adler eventually departed from Freud's theories and developed his own perspective, which he called Individual Psychology. He had a strong influence on a number of other eminent psychologists, including Carl Rogers, Abraham Maslow and Karen Horney.

Alfred Adler was an Austrian doctor and therapist who is best-known for forming the school of thought known as individual psychology. He is also remembered for his concept of the inferiority complex, which he believed played a major part in the formation of personality. Adler was initially a colleague of Sigmund Freud, helped establish psychoanalysis, and was a founding member of the Vienna Psychoanalytic Society. Adler's theory focused on looking at the individual as a whole, which is why he referred to his approach as individual psychology. Adler was eventually expelled from Freud's psychoanalytic circle, but he went on to have a tremendous impact on the development of psychotherapy. He also had an important influence on many other great thinkers including Abraham Maslow and Albert Ellis.

Alfred Adler was born in Vienna, Austria. He suffered rickets as a young child which prevented him from walking until the age of four. Due to his health problems as a child, Adler decided he

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<sup>1</sup> Clinical Psychology, Dept. of Psychology, Sardar Patel University, Vallabh Vidyanagar, Gujarat

### **Person of the Month: Alfred Adler (1870-1937)**

would become a physician and, after graduating from the University of Vienna in 1895 with a medical degree, began his career as an ophthalmologist and later switched to general practice.

Adler soon turned his interests toward the field of psychiatry. In 1902, Sigmund Freud invited him to join a psychoanalytic discussion group. This group met each Wednesday in Freud's home and would eventually grow to become the Vienna Psychoanalytic Society. After serving as President of the group for a time, Adler left in part because of his disagreements with some of Freud's theories.

While Adler had played a key role in the development of psychoanalysis, he was also one of the first major figures to break away to form his own school of thought. He was quick to point out that while he had been a colleague of Freud's, he was in no way a disciple of the famous Austrian psychiatrist. In 1912, Alfred Adler founded the Society of Individual Psychology. Adler's theory suggested that every person has a sense of inferiority. From childhood, people work toward overcoming this inferiority by asserting their superiority over others. Adler referred to this as 'striving for superiority' and believed that this drive was the motivating force behind human behaviors, emotions, and thoughts.

Although Adler's psychological theory was developed nearly a century ago, many of his concepts are still brought to fruition through Adler University. His concepts based in social interest, social justice, equality, and the importance of education guide the Adler University's commitment to social change – from our curriculum, practica, internships, programming and experiential offerings for students, faculty and alumni – to our hundreds of partnerships at work with local communities to improve community mental health.

Although Adler's theory may be less interesting than Freud's, with its sexuality, or Jung's, with its mythology, it has probably struck you as the most common-sensical of the three. Students generally like Adler and his theory. In fact, quite a few personality theorists like him, too. Maslow, for example, once said that, the older he gets, the more right Adler seems. If you have some knowledge of Carl Rogers' brand of therapy, you may have noticed how similar it is to Adler's. And a number of students of personality theories have noted that the theorists called Neo-Freudians -- Horney, Fromm, and Sullivan -- should really have been called Neo-Adlerians.

And so the "positives" of Adler's theory don't really need to be listed: His clear descriptions of people's complaints, his straight-forward and common-sense interpretations of their problems, his simple theoretical structure, his trust and even affection for the common person, all make his theory both comfortable and highly influential.

## TIMELINE

- 1870** Alfred Adler born on February 7th 1870
- 1888** Began his studies at the University of Vienna Medical School
- 1895** Received medical degree from the University of Vienna
- 1897** Married Raissa Timofeivna Epstein
- 1898** Established private practice in Vienna  
-Birth of first daughter, Valentine  
-Published two articles in Austria's "*Medical News Bulletin*"
- 1901** Second child, Alexandra, is born
- 1902** Published two articles in *Medical News Bulletin*  
-Sigmund Freud invited Adler to join the fledgling Wednesday Psychological Society (later renamed to Vienna Psychoanalytic Society)
- 1904** Adler publishes his most important article to date, *The Physician as Educator*  
-Converted from Judaism to Protestantism  
-Birth of Kurt Adler
- 1905** Publication of *A Study of Organ Inferiority*
- 1909** Birth of Cornelia (daughter)
- 1911** Adler is expelled from the Vienna Psychoanalytic Society under Freud's impetus  
-Adler forms his own group, initially called the Society for Free Psychoanalytic Inquiry
- 1912** Published *The Neurotic Constitution*
- 1913** Renamed his group The Society for Individual Psychology
- 1914** Published *Healing and Education*, edited by Adler
- 1916** Drafted as a military physician for the Austro-Hungarian Empire during World War I
- 1918** Discharged from military service, began emphasizing social feeling in writings
- 1922** Published *The Practice and Theory of Individual Psychology*  
-Adler begins setting up educational consulting teams in child guidance for Vienna's public schools



## Person of the Month: Alfred Adler (1870-1937)

**1924**

Became a professor at Vienna's Pedagogical Institute 1928 First lecture-tour of the United States

-Published *The Case of Miss R: The Interpretation of a Life Story*

**1929**

Became an adjunct professor at Columbia University, started to shift base of operations from Vienna to New York City

-Published *Individual Psychology in the Schools*

**1931**

Published *What Life Should Mean to You*

**1932**

Professor at the Long Island College of Medicine, Adler's first full-time academic position in the United States

**1933**

Published *Religion and Individual Psychology and Social Interest: A Challenge to Mankind*

**1937**

Died, May 28th, Aberdeen, Scotland

## SELECTED PUBLICATIONS

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## QUOTES

*"It is easier to fight for one's principles than to live up to them."*

*"The chief danger in life is that you may take too many precautions."*

*"The only normal people are the ones you don't know very well."*

*"Exaggerated sensitiveness is an expression of the feeling of inferiority."*

*"Trust only movement. Life happens at the level of events, not of words. Trust movement."*

*"We must interpret a bad temper as a sign of inferiority."*

*"The greater the feeling of inferiority that has been experienced, the more powerful is the urge to conquest and the more violent the emotional agitation."*

*"It is the patriotic duty of every man to lie for his country."*

*"The educator must believe in the potential power of his pupil, and he must employ all his art in seeking to bring his pupil to experience this power."*

*"There is no such thing as talent. There is pressure."*

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## Emotional Intelligence, Social Support and General Well-Being of Working and Non-Working Muslim Women

Dr. Nishat Afroz<sup>1\*</sup>

### ABSTRACT

The purpose of the study was to identify and compare the emotional intelligence, general well-being and social support of working and non-working Muslim women and to find out the relationship between emotional intelligence, general well-being and social support of Muslim women. Sample of the study comprised of 80 females subjects divided into two groups. One group was consisted of 40 working females from teaching profession and other group was consisted of 40 non-working females i.e., housewives. All subjects were belonged to Muslim religion and were drawn from the city of Varanasi. Data have been analysed by using descriptive analysis, t-test, and coefficient of correlation. Findings indicated that working and non-working Muslim females did not differ on any of the scale i.e., emotional intelligence, general well-being and social-support.

**Keywords:** *Emotional Intelligence, General Well-Being, Social-Support, Muslim Women*

The sense of one's identity or self is an important dimension of individual's personality giving each of us a unique individuality. Today society has given equal opportunity to male and female both. Male and female both are aware and sensitive to their needs, aspirations and rights and are asserting them through economic route. A concern for their self-worth and identity, their independence, their individuality, their right, their ability to self-actualize has therefore prime importance to social scientists (Afroz & Mittra, 2011).

Men and women considered as two wheels of vehicles of a society, both wheels should work equally to move the vehicle of society. Women constitute approximately half of the world's population yet they are placed at various disadvantageous positions due to gender differences. Women have been socially, economically, physically, psychologically and sexually exploited sometime in the name of religion and sometimes by the customs and traditions.

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<sup>1</sup> Department of Psychology, MMV, Banaras Hindu University, Varanasi, UP, India

\*Responding Author

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## **Emotional Intelligence, Social Support and General Well-Being of Working and Non-Working Muslim Women**

In India Muslims are considered an important pillar of the society which has a power of its own. Studies on Indian Muslims reveal a unique kind of cultural assimilation of Muslims with the rest of the society. They have preserved their originality, yet they have become an integral part of Indian composite culture. Muslim women in India are potential catalyst for development and nation building, even though they are in a minority. Their emancipation may be a crucial step in the development of community. Their present status by and large reflects the dominance of traditional attitude. An improvement in their present status will not only contribute in the progress and transformation of the community but also the development of the entire nation.

Indian Muslims are a highly diverse community. All Indian Muslims are not miserable. Many of them are well placed, properly educated and reasonably liberal. However, most of the Indian women in general and Muslim women in particular are suffering and struggling against atrocities inside as well as outside the households. Both family and society are equally hostile to them (Kumar & Varghese, 2005). Muslim women in general are one of the most underprivileged groups, their literacy rate is lower, and they are economically disadvantaged and politically marginalized section of Indian society.

Earlier women in India were considered only as the homemaker, their prime responsibility was to take care of their families, did not go out to earn their livelihood and those women who were working were less valued and not respected in the society. But the condition of women has remarkably changed over the years. This change is notable because previously women had to dependent on men for the economic matter but now they have total control of their economic fates. Increasing awareness and education also creates a favorable change in the condition of the females who are not working. Today homemakers have also many channels or paths through which they can express themselves, indulge in some creative and satisfying activities. Many job opportunities have emerged and are knocking which are suitable according to the perspectives of Muslim women without being out of their religious norms. So, all these opportunities might have created a remarkable cum favorable changes in the condition of working and nonworking Muslim women.

Indian women in general and Muslim females in particular have been gradually coming out of traditional roles and entering into the male dominated areas. In recent years the role and status of the females have been changed tremendously. With increasing female education and more liberty for their rights and privileges, women's attitude towards their stereotyped role is changed. Their participation in education and work place has also led to their increased socio-familial roles. Women who work outside the home are required to make many adjustments that may contribute stress and anxiety. The problem of stress in women, particularly working women, is an important aspect on the process of social and emotional changes. Increase in females' participation in work

## **Emotional Intelligence, Social Support and General Well-Being of Working and Non-Working Muslim Women**

force has led to the increased interest in the effects of employment on their well-being, which can be either beneficial or detrimental to women's well-being(Elgar & Chester, 2007).

Studies have revealed that finding and getting social support is one of the most effective ways to cope with stress and anxiety. The social support is the availability of helping relationships and increasing the quality of those relationships. Social support can be divided into two parts such as organizational support and family related support (Brough & Pears, 2004). Work related social support comes from the organizational members, such as peers and supervisors, where an employee works, whereas personal social support comes from spouse, parents, children, extended family or friends. However, researchers found that support from the husband was positively associated to curb out conflict (Aryee, 1992). Social support is believed to have a positive impact on the working roles performed by women at work places by enhancing job satisfaction and creating balance between work and family, emotionally capable, thereby eliminating work-family conflicts. It is one of the important resources for working women to manage their work and family domains.

The impact of hard work with little appreciation and no social support would play a negative effect on the emotional, physical and psychological health of these women. The feeling of guilt among these women from their perceived inability to be as good in meeting the family and home needs in comparison to housewives is important to address. Based on this background, a need was identified to explore impact of working status on the lives of working women.

In the last ten years, the concept of emotional intelligence has aroused much interest in society and in academia. Emotional Intelligence is the ability or tendency to perceive, understand, regulate and harness emotions adoptively in self and others. Emotional intelligence is a dynamic construct influenced by diverse biological, psychological, and social factors. A good deal of research has been conducted on emotional intelligence and it was found to be appearing as an important factor in the prediction of personal, academic and career success.

Studies on emotional intelligence with respect to various psychosocial correlates have been found in a variety of fields. Empirical studies investigating the relationship of emotional intelligence with numerous psychological and psychosocial factors were reported by several researchers and simultaneously revealing the significance of emotional intelligence and its beneficial aspects with remarkable contribution in the field of interpersonal relationships, success in work and personal life, health psychology, managing occupational stress, academic field, improving personality, enhancing performance and many more positive behavior patterns (Gallagher & Vella-Brodrick, 2008; Mavroveli, Petrides, Reiffe, & Baker, 2007; Van Rooy & Viswesvaran, 2004; Schute, Malouff, Hall, Haggerty, Cooper, Golden, & Dornheim, 1998;

## **Emotional Intelligence, Social Support and General Well-Being of Working and Non-Working Muslim Women**

Adeyemo, 2005; Tsaousis & Nikolaou, 2005; Trinidad & Johnson, 2001; Brackett & Mayer, 2003; Asha & Hangal, 2001).

Today women are working outside the home, moving into the domains traditionally reserved for males, and vigorously pursuing careers and interests. Women can make contributions to their present and future environments at many levels. Some channel their creativity into raising children, homemaking, relationships with loved ones, or getting to know and love themselves well. Professional women, as the category label suggest are urban, well educated women, employed in different fields. These women did not necessarily have an easy time working in the male world but were certainly better educated and they considered work to be an expression of self.

Studies indicate that there is positive relationship between emotional intelligence, general well-being and social support. The present study attempts to examine the relationship between the emotional intelligence, social support, and general well-being of working and non-working women. General well-being is heavily tied to our emotional intelligence. Only by being aware of our emotional state and our reaction to stress in our life we hope to manage stress and maintain good health. Many studies were done to examine the relationship between emotional intelligence, general well-being, and social support among women. Present study attempted to examine the relationship of these three variables among Muslim females because even today females' especially Muslim females faces many difficulties and constraints regarding pursuing a job. They face problems in finding jobs compatible with their religious norms and beliefs. Working environment also create many difficulties. They even lack the support of their families. All this ultimately started influencing their daily life functioning and lowers the general well-being level. The implications of the study will help to provide a better condition for working Muslim women. Thus keeping on the view the following objectives were formulated:

### ***Objectives:***

1. To identify the emotional intelligence, general well-being and social support of working and non-working Muslim women.
2. To assess the relationship between emotional intelligence, general well-being and social support of working and non-working Muslim women.
3. To compare the working and non-working Muslim women on the basis of emotional intelligence, social support, and general well-being.

### ***Hypotheses:***

1. The relationship between emotional intelligence and general well-being will be positive i.e., better the emotional intelligence better the general well-being.
2. The relationship between emotional intelligence and social support will be positive i.e., better the emotional intelligence better the social support.

## Emotional Intelligence, Social Support and General Well-Being of Working and Non-Working Muslim Women

3. The relationship between social support and general well-being will be positive i.e., better the social support better the general well-being.
4. Non-working Muslim women will score higher on all these three i.e., emotional intelligence, social support and general well-being in comparison to working Muslim women.

### **METHOD:**

#### ***Sample:***

Sample of the study comprised of 80 females subjects divided into two groups. One group was consisted of 40 working females from teaching profession and other group was consisted of 40 non-working females i.e., housewives. All subjects were belonged to Muslim religion and were drawn from Varanasi with the help of simple random sampling technique. All the subjects were belonged to the age range of 30-45 years of age.

#### ***Tools:***

The tools used for the study are:

##### **1. Mangal Emotional Intelligence Inventory:**

It is developed by Mangal and Mangal(1971). It consists of 100 items, 25 each from four aspects of emotional intelligence namely, intrapersonal awareness, interpersonal awareness, intrapersonal management, interpersonal management. The mode of response to the item of the inventory is yes or no with the proposed statement. The reliability coefficients derived from test retest method are .89, .90, and .92 respectively.

##### **2. PGI General Well Being Measure:**

It is developed by Verma and Verma(2005). It consists of 20 items which measures the general well-being. Items were tested through thinking aloud method for their suitability. Its difficulty value is judged by underlining test and was found to be quite low and highly satisfactory. The test retest reliability for the English and Hindi version of the test is .91 and .86.

##### **3. Social Support Scale:**

It is developed by Asthana and Verma (2005). It consists of 35 items out of which 25 are positively worded and 10 are negatively worded items, which measures the three dimensions of social support i.e., emotional support, informational support, and instrumental support. The responses are to be obtained on five point rating scale. The test retest reliability of the test is .81.

#### ***Procedure***

A sample of 80 females (40 working and 40 non-working) of age group 30-45 years drawn from Varanasi with the help of simple random sampling method was selected for the study. All subjects were Muslim women. The tools were arranged in order and all the working women and non-working women (housewives) were personally contacted in their respective workplace and homes. Before the conduction of the test, necessary information regarding the test was provided to the subjects who were interested to take part in the test. Then after having subjects' consent,

## Emotional Intelligence, Social Support and General Well-Being of Working and Non-Working Muslim Women

tests were given to the subjects. As per the convenience, administrator had left the test to the subjects and collect the test when the subjects allowed the administrator and some other had filled up the questionnaire at the spot. After the data collection, gratitude was paid to the subjects and scoring was done.

### RESULT:

The purpose of the study was to find out the emotional intelligence, general well-being, and social support of working and non-working Muslim women. The obtained data was analyzed by using mean, standard deviation, correlation and t-test. The result of the study was analyzed in two steps. In the first step a comparison between working and non-working females were attempted on the scale of emotional intelligence, well-being and social support and in the second step correlation was computed between emotional intelligence, general well-being and social support of working and non-working Muslim females’.

*Insert Table 1 here*

Table-1 displays mean, SD and t-value of emotional intelligence, general well-being and social support of working and nonworking Muslim women. Working and non-working Muslim females did not differ on the scale of emotional intelligence and its dimensions, general well-being and social support along with its two dimensions. Two groups differed on only one dimension of social support i.e., informational dimension. Working females scored higher on this dimension as compared to non-working females. Both groups scored more or less similar on all the four scales. Mean difference between the two groups is very low that might be the reason to turn out to be insignificant. Working and non-working females are emotionally intelligent, have better general well-being and both the groups perceived better social support.

*Insert Table 2 here*

Table 2 records the correlation between emotional intelligence, general well-being and social support of Muslim women. Findings revealed that social support is significantly correlated with emotional intelligence ( $r=.30p<.01$ ) and general well-being ( $r=.20p<.05$ ). Correlation between emotional intelligence and general well-being is negative and insignificant.

### DISCUSSION

The purpose of the study was to identify the emotional intelligence, general well-being and social support of working and non-working Muslim women, to examine the relationship between these three variables, and make comparison of working and non-working women on the basis of these variables. Statistics was applied in four steps i.e., (1) correlation between emotional intelligence and general well-being was taken out, (2) correlation between emotional intelligence



## **Emotional Intelligence, Social Support and General Well-Being of Working and Non-Working Muslim Women**

and social support was taken out, (3) correlation between social support and general well-being was taken out and (4) significance of difference between means of emotional intelligence, general well-being and social support of working and nonworking Muslim women was taken out. Emotional intelligence is the subset of social intelligence that involves the ability to monitor one's own and other's feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions (Salovey & Meyer; 1990). According to the scale Emotional intelligence can be divided into: (a) intra-personal awareness (knowing about one's own emotions), (b) inter-personal awareness (knowing about other's emotions) (c) intra-personal management (managing one's own emotions) (d) inter-personal management (managing other's emotions).

On the basis of the finding of the study, it is concluded that mean of emotional intelligence of working Muslim women is less than the mean of non-working Muslim women. But this difference is not significant and cannot become population parameter. This clearly indicates that both the groups i.e., working and non-working Muslim women are more or less similar on the basis of emotional intelligence. Women are more emotionally matured and intelligent than men because they might have freedom to express their feeling and emotions as compared to men in our societies. They are more near to their family members and can easily understand the feelings of others.

Studies also revealed that females are more emotionally intelligent than males irrespective of being working and non-working (Thingujam & Ram 2000; Hall & Halberstadt, 1994; Brackett & Mayer, 2003; Mayer, et al., 2002; Schutte, Malouff, Hall, Haggerty, Cooper, Golden, & Dornheim, 1998; Thingujam & Ram, 2000). Early studies of the psychological consequences of women's employment indicated that working outside the home generally benefited women emotionally. For example, employed wives exhibited fewer symptoms of psychological distress than full-time homemakers (e.g., Pearlin 1975; Rosenfield 1980). This study also support that females in general are in most cultures trained to be more nurturing, understanding, calm, and society also expects them to have these qualities, so they are in a better position to understand emotion and express it at appropriate times.

Well-being is a general term for the condition of an individual or group, for example their social, economic, psychological, spiritual or medical state; high well-being means that, in some sense, the individual or group's experience is positive while low well-being is associated with negative experience. Mean of general well-being of non-working Muslim women is higher than that of the working Muslim women but it is not significant and cannot become population parameter. This may be due to sample of working women includes only school teachers, which is not very demanding job as compared to other jobs. Teaching profession gives proper arrangements for incentives, leaves for baby caring, holidays, etc. this profession gives sufficient amount of time to be spend with family and due to this less conflict arises and do not affect the well-being of the

## **Emotional Intelligence, Social Support and General Well-Being of Working and Non-Working Muslim Women**

teachers. Employment, freedom of expression and change status of women provides opportunity to become self-reliant and hence it might be the one reason for their better well-being. Some studies report mixed results, with some showing positive effects of employment and others showing no effects (e.g., Barnett & Baruch 1985; Cleary & Mechanic 1983; Lennon & Rosenfield 1992; Nelson & Quick 1985; Rosenfield, 1989).

The social support is the availability of helping relationships and increasing the quality of those relationships (Leavy, 1983). Social support can be bifurcated into three, i.e. emotional support, informational support, and instrumental support. Emotional support consists of warmth, friendliness; it reflects opportunity for expression of concern, encouragement and trust. Informational support helps in defining, understanding and coping with problematic events. Instrumental support could involve giving money, doing another's work giving the custodial care. Score of social support of working and non-working Muslim women is somewhat similar to each other and this difference is not significant. This may be due to teaching profession is one of the most acceptable profession among the Muslim community and less conflict arises on the persuasion of this job by females. Beside this, working women comprise an integral part in generating the economic resources for managing home affairs. In today's world, we are proceeding towards modernization of thoughts which gives opportunity to women to show their potential and capabilities. The rigid mind-set has also been changing regarding the women to pursue job. Many laws are also made that ensure the rights of women which helps in the growth and development of women.

Now the standard deviation (i.e., dispersion of scores around the mean) between the scores obtained by the subjects on each domain of both the group is not much high which clearly indicates that both the group are homogenous in nature. This homogeneity helps in finding the correlation between the variables on the basis of which both the group are evaluated. Correlation between the emotional intelligence and general well-being is negative, and insignificant. It does not necessary that who are physically fit are also high on emotional intelligence. Donaldson-fielder and Bond (2004) compared psychological acceptance and emotional intelligence in terms of their ability to predict various well-being outcomes (i.e., general mental health, physical well-being and job satisfaction). Results indicated that acceptance has a greater association with general mental health and physical well-being. Emotional intelligence does not significantly predict any of the well-being outcomes, after accounting for acceptance and job control. Emotional intelligence is not significantly correlated with general well being because there are some other significant variables which define general well-being of an individual.

Correlation between emotional intelligence and social support is significant and positive relationship. This may be due to that people who are emotionally intelligent can understand other more effectively and can have support from them accordingly. It can be supported by some of

## **Emotional Intelligence, Social Support and General Well-Being of Working and Non-Working Muslim Women**

the quoted studies e.g., Emma and Dianne (2008) examined the predictive value of social support and emotional intelligence and their interaction effects on subjective well-being. The results showed that social support and emotional intelligence and their interaction effects, significantly predicted subjective well-being. The work plays a central role in people's life. Therefore, the workplace is the ideal setting for the promotion of social and personal competencies which are vital for a healthy and productive life.

Further, the correlation between social support and general well-being is positive and significant. If people have enough support from their near ones then they feel a kind of peace in their mind which in turn gives a good physical well-being. Social support is one of the most important factors in predicting the physical health and well-being of everyone ranging from childhood to older adults. The initial social support given is also a determining factor in successfully overcoming life stress. When people know that they are valued by others is an important factor in helping them to forget negative aspects of their lives, and thinking more positively about their environment. Social support is also major factor in preventing the negative symptoms such as depression and anxiety from developing. Geertje, Karin, and Tineke (2005) examined whether gender differences in health, psychological well-being, and life satisfaction, can be explained by effects of work-related and non-work related sources of social support. Men report better health and psychological well-being than women, whereas women report higher life satisfaction than men.

From the discussion it is concluded that two hypotheses are accepted i.e., the relationship between emotional intelligence and social support would be positive: better the emotional intelligence better the social support, and the relationship between social support and general well-being would be positive: better the social support better the general well-being. Two hypotheses are rejected i.e., the relationship between emotional intelligence and general well-being would be positive: better the emotional intelligence better the general well-being but the findings indicates a weak and negative relationship between these variables, and non-working Muslim women would score high on emotional intelligence, social support and general well-being in comparison to working Muslim women but finding indicates that there is no significant difference between these two group on the basis of these variables.

Thus this study can be helpful in promoting social support for working Muslim women in different job because after all the modernization we headed toward there are still some problems faced by them e.g. problem in pursuing call centre jobs as it considered negative for women especially in Muslim community. This study can also be helpful in improving the general well-being of working as well as non-working Muslim women by providing sufficient leaves, working hours, etc. for working women and providing enough time to non-working women for their hobbies. Support from the organization, family and friends have increasingly been recognized as

## **Emotional Intelligence, Social Support and General Well-Being of Working and Non-Working Muslim Women**

useful in reducing stress, protecting health and enhancing quality of life. There is a need to improve the social support network. Social support at the family level is fading away due to increasing nuclear family norms, and at the organizational level due to automation systems.

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***Table 1: Mean, SD and t-value of working (N=40) and non-working (N=40) Muslim females on the scale of Emotional Intelligence, General Well-Being and Social Support.***

Emotional intelligence	Working Female (N=40)		Non-Working Female (N=40)		t-value
	Mean	SD	Mean	SD	
<b>Intra-personal awareness</b>	50.02	9.81	49.10	9.27	0.47 <sup>NS</sup>
<b>Inter-personal awareness</b>	49.81	9.96	50.02	9.85	0.01 <sup>NS</sup>
<b>Intra-personal management</b>	50.12	9.78	50.01	9.85	0.04 <sup>NS</sup>
<b>Inter-personal management</b>	50.01	9.84	50.01	9.85	0.00 <sup>NS</sup>
<b>Emotional Intelligence Total</b>	50.00	9.83	50.00	9.83	0.00 <sup>NS</sup>
<b>General well being</b>	49.02	11.02	49.97	9.71	0.00 <sup>NS</sup>
<b>Emotional support</b>	49.69	9.70	49.91	8.70	0.47 <sup>NS</sup>
<b>Informational support</b>	48.45	8.21	43.41	9.37	2.24*
<b>Instrumental support</b>	50.12	12.14	50.71	10.77	0.48 <sup>NS</sup>
<b>Total</b>	49.48	9.33	48.63	10.39	0.68 <sup>NS</sup>

Significant at \*p<0.05

**Emotional Intelligence, Social Support and General Well-Being of Working and Non-Working Muslim Women**

**Table 2: Correlation Coefficient between Emotional Intelligence, General Well-Being, and Social Support of Working and Non-working Muslim Women (N=80).**

	<b>General Well-Being</b>	<b>Social Support</b>
<b>Emotional intelligence</b>	-0.08	0.30**
<b>General well being</b>	—	0.20*

Significant at \*p<0.05, \*\*p<0.01

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## Health Locus of Control and Health Behaviours in Lung Cancer Patients

Medha Tripathi<sup>1\*</sup>, H. S. Asthana<sup>2</sup>, A. K. Asthana<sup>3</sup>

### ABSTRACT

With growing number of cancer survivors, health behaviours may become relevant not only to prevention of cancer recurrence and improved survival, but also to quality of life and the reduction of risk for other chronic diseases. Given the importance of relatively good health as a basis for many of life's pursuits and pleasures, it is understandable that cancer patients would seek to avoid illness and death, and indefinitely seek to obtain a state of better health. The present study aimed at studying the relationship of health behaviours and health locus of control in patients diagnosed with lung cancer. Results show that internal health locus of control was positively correlated with health promoting behaviours and negatively correlated with health impairing behaviours and external health locus of control was negatively correlated with health promoting behaviours and positively correlated with health impairing behaviours.

**Keywords:** *Lung Cancer, Health Behaviours, Health Locus Of Control*

**GLOBOCAN**, the international agency for research on cancer has estimated that there will be approximately 1.7 million new cases of cancer in India by 2035. Lung cancer is the most common type of cancer found (11.7% of all cancer) in Indian population and is the third largest cause of mortality due to cancer in India. It has become a key public health issue which requires immediate action.

With advancements in the field of medicine and treatment, there is a rapid increase in number of cancer patients. The risk of recurrence, secondary cancers and effects of therapy or treatment is greater for cancer patients. There are also increased risks of co morbid chronic conditions. The lifestyle choices by cancer patients during and after their treatment greatly affect treatment

<sup>1</sup> Research scholar, Department of Psychology, Banaras Hindu University, India

<sup>2</sup> Professor, Department of Psychology, Banaras Hindu University, India

<sup>3</sup> Professor, Department of Radiotherapy and Radiation Medicine, Institute of Medical Sciences, Banaras Hindu University, India

\*Responding Author

## **Health Locus of Control and Health Behaviours in Lung Cancer Patients**

recovery, recurrence, and general health. A large amount of research has linked health risk behaviours in cancer patients with increased levels of morbidity and mortality.

The 2003 American Cancer Society (ACS) Guide for Informed Choices, Nutrition and Physical Activity During and After Cancer Treatment noted that current data support “probable” and “possible” benefit for several health behaviours, such as eating more fruits and vegetables and less saturated fat and increasing physical activity (Brown et al. 2003). While the literature remains tentative and conflictual (Gapstur and Khan 2007) there is evidence that, following cancer, increased levels of exercise and healthier diets, including increased fruit and vegetable intake, are related to lower recurrence and lengthened survival (Holmes et al. 2005; Meyerhardt et al. 2008; Pierce et al. 2007) and possibly reduced risk of developing second cancers (Doyle et al. 2006).

The growing number of cancer patients is causing a greater need to have an insight into the health behaviours of cancer patients as health behaviours such as smoking, drinking, poor dietary choices and inactivity are causing more than half of cancer deaths. Thus, a better understanding of their health status and health behaviours to improve and maintain their health status is the need of hour.

In describing health behaviours it is common to distinguish health enhancing behaviours from health impairing behaviours. Health impairing behaviours have harmful effects on health or otherwise predispose individuals to disease. Such behaviours include smoking, excessive alcohol consumption, and high dietary fat consumption. In contrast, engagement in health enhancing behaviours conveys health benefits or otherwise protects individuals from disease. Such behaviours include exercise, fruit and vegetable consumption, and condom use in response to the threat of sexually transmitted diseases.

One of the most important aspects of cancer patients is the practice of positive health behaviours as they help in lowering the risks of recurrences, secondary cancers and other comorbid conditions. Researches in this field have shown that health behaviour change interventions targeting cancer patients have been encouraging, where interventions mainly focused on targeting exercise, diet, and smoking. Exercise interventions have been effective in improving symptoms, fitness and quality of life, and most importantly, not to result in adverse outcomes. Dietary interventions have been successful in promoting changes in dietary intake and associated biomarkers, with interim results from a recent reduced-fat dietary intervention in breast cancer patients suggesting an influence on recurrence. Smoking cessation interventions have shown variable quit rates, but for the most part, they have been similar to or better than interventions targeting non-cancer samples.

Rotter in his social learning theory proposed that potential for behaviour to occur in any specific psychological situation is a function of the expectancy that the behaviour will lead to a particular reinforcement in that situation and the value of that reinforcement. The expectancy regarding the occurrence of outcomes relates to whether the person perceives the outcome to be under the control of him/her or outside forces. Based on the belief that measures of specific expectancy should be used, the concept of health locus of control was proposed which refers to the degree to which people perceive themselves as having control on their own health. A belief of external control exists when reinforcement is seen as following some action, but not contingent on the action, and therefore beyond personal control. The reinforcement is interpreted as the result of luck, chance, fate, or the influence of others who have power over their lives. The belief is termed internal control When reinforcement is perceived as contingent on behaviour, and therefore under personal control. Research on locus of control characterizes persons with internal control perceptions as better able to seek and use information in problem solving, more likely to exert efforts to control environment, less susceptible to social influence, more oriented to achievement, and more willing to approach, use, and benefit from help from authority figures. Number of studies has shown that people with high internal health locus of control will engage in health-promoting activities, while the reverse will be true of those with strong beliefs in chance (Wallston, 1992). Yet despite many investigations, the literature remains inconclusive (Norman & Bennett, 1996; Reich, Erdal, & Zautra, 1997). Strickland (1978) reviewed early work using unidimensional internal–external expectancy rather than multidimensional models, and argued that precautionary behaviours such as not smoking were more common among individuals with strong internal beliefs. Inverse associations between smoking and internal locus of control have been confirmed in some subsequent studies. Regular physical exercise has been associated positively with internal health locus of control and negatively with chance and powerful other locus (Calnan, 1989; Duffy, 1997; Norman, Bennett, Smith, & Murphy, 1997), but null findings have also been reported (Callaghan, 1998; Laffrey & Isenburg, 1983; Rabinowitz, Melamed, Weisburg, Tal, & Ribak, 1992).

Healthy food choices have also shown inconsistent associations with health locus of control (Bennett, Moore, Smith, Murphy, & Smith, 1994; Duffy, 1997; Schank & Lawrence, 1993). Results for relationships between alcohol consumption and internal health locus of control are mixed (Bennett, Norman, Murphy, Moore, & Tudor-Smith, 1998; Callaghan, 1998; Calnan, 1989). Strickland (1978) and Wallston (1992) have argued that internal health locus of control will exert a stronger influence over health behaviour among individuals who value their health highly compared with those with other priorities in life, but this notion has received only limited support (Bennett *et al.*, 1997, 1998; Norman *et al.*, 1997; Wurtele, Britcher, & Saslawsky, 1985). In one study among a large sample of young adults from 18 European countries, the odds of five healthy behaviours were 40% greater in individuals with high as compared to those with low internal health locus of control. In contrast, external health locus of control was usually reported to be associated with adverse health-related behaviours, such as smoking or excessive alcohol

consumption or poorer health outcomes. Chance health locus of control was also reported as related to unfavourable health-related behaviours, such lower sports activity, fewer medical teeth check-ups, and less health-related information-seeking. Similarly, in a study by Steptoe and Wardle (2001), high chance health locus of control was reported to be associated with more than 20% reductions in the likelihood of 6 healthy behaviours.

Wallston and Wallston (1982) have suggested that in medical situations where only a little personal control is possible, patients are more likely to be reliant on external sources of control, such as doctors or powerful others (e.g. family), than on internal sources. Evidence from previous studies found different health locus of control orientations between healthy persons and physically ill persons. Healthy college or adult samples tended to have a higher internal health locus of control and a lower external health locus of control, whereas chronically ill patients (e.g. chronic obstructive pulmonary disease, hypertension and cancer) tended to have higher external health locus of control (Wallston and Wallston, 1981). High external health locus of control among chronically ill patients may have advantages for their emotional adjustment, as patients who do not try to control their condition, may be able to minimize their level of frustration. For example, a study among cancer chemotherapy patients who received progressive muscle relaxation and/or biofeedback training to alleviate the side effects of treatment found that patients with a high external health locus of control showed greater improvement on measures such as pulse rate, blood pressure and depression than patients with a high internal health locus of control (Burish et al., 1984).

However, the results of previous studies have not always been conclusive. Some studies reported that health locus of control failed to explain variance in health-related habits beyond that explained by basic personality factors, although it was a significant predictor of health attitudes. Internal health locus of control was reported to be associated also with adverse behaviours, such as more frequent smoking, and unrelated to a range of positive health-related behaviours (sports activity, healthy diet, teeth check-ups, medical check-ups or seeking information about health issues). In a study of patients with chronic low back pain, none of the scores for the three domains of health locus of control revealed any significant associations with adherence to therapy. In patients with cancer undergoing mindfulness-based intervention, chance health locus of control but also internal health loci of control were found to be significantly lower after treatment. It may be that this literature reflects the genuine state of affairs, with health locus of control having little consistent association with health behaviours.

The purpose of this study was to assess the relationship between health behaviours and health locus of control in lung cancer patients. It was hypothesized that there will be a positive correlation between internal health locus of control and health promoting behaviours and a negative correlation between external health locus of control and health promoting behaviours. It was also hypothesized that external health locus of control will be positively correlated with

health impairing behaviours and external health locus of control will be negatively correlated with health promoting behaviours.

### METHODOLOGY

#### *Design and Participants*

The study used a cross-sectional design. A non-experimental, correlational design was used to evaluate the relationship between health behaviours and health locus of control in patients diagnosed with lung cancer. The study was conducted on 103 patients. Mean age of the patients was 54.00 (SD=±10.81) years, ranging from 35 to 78.

#### *Procedure*

The sample was chosen through purposive sampling from various hospitals providing cancer treatment in Varanasi region. Patients were included in the sample if they had a physician made single diagnosis of lung cancer. All the participants were able to read, comprehend, and write Hindi. Patients were suffering from the disease for at least 6 months. Patients having comorbid conditions were not included in the study. Further, patients receiving alternative medicine were also not included in the study. Written informed consent was taken from all the participants as well as their caregivers. The patients were given questionnaires to fill along with the demographic details.

#### *Tools*

*Demographic details* covered age, sex, marital status, and educational qualifications, of the patients. *Medical details* included stage of disease, time of diagnosis, comorbidity, and mode of treatment.

*Health behaviours* were assessed through the adapted version of Health Behaviour Scale (Risk and Health Behaviour Scale) developed by Renner and Schwarzer (2005). It is a 27 items scale. The scale consists of four dimensions including nutrition, physical activities, tobacco consumption and alcohol consumption. The cronbach's alpha for the scale is .70.

*Health locus of control* was assessed using Multidimensional Health Locus of Control (Form C) developed by Wallston and Wallston (1978). The scale consists of mainly three dimensions namely internal health locus of control, chance health locus of control and powerful others health locus of control. It is an 18 item scale. The cronbach's alpha for the scale is .81.

#### *Statistical analysis*

At first, descriptive analyses were done. In order to evaluate the relationship between health behaviours and health locus of control, Pearson's  $r$  correlation coefficient was calculated. Statistical significance was established at the level of  $P \leq .05$ . The data were processed using SPSS 20.0 software.

## RESULTS

The present study was conducted on 77 males and 26 females diagnosed with lung cancer.. Most of the participants were married. Literate and educated participants were included in the study. Out of 103 patients, 43 were diagnosed with advanced stage of disease and 60 were diagnosed with early stage lung cancer. The descriptive analysis of this study is shown below:

*Table 1 shows the demographic data of the investigated patients diagnosed with lung cancer.*

	N	%
Sex		
<b>Male</b>	77	74.7
<b>Females</b>	26	25.2
Marital status		
<b>Married</b>	92	89.32
<b>Unmarried</b>	8	7.7
<b>Widow/widower</b>	2	1.9
<b>Separated</b>	1	0.9
Education		
<b>School level education</b>	51	49.51
<b>Higher education</b>	52	50.48
Stage of disease		
<b>Early stage</b>	60	58.25
<b>Advanced stage</b>	43	41.74

*Table 2 shows the mean and SD of the health behaviour total and its dimensions.*

	N	Mean	SD
Nutrition	103	41.86	6.05
Physical activities	103	8.65	4.10
Tobacco consumption	103	13.60	6.75
Alcohol consumption	103	10.94	3.25

*Table 3 shows the mean and SD of the dimensions of health locus of control*

	N	Mean	SD
Internal health locus of control	103	23.79	7.62
Chance health locus of control	103	28.46	6.98
Powerful others health locus of control	103	27.73	6.28

*Table 4 shows the correlation between the dimensions of health behaviours and the dimensions of health locus of control*

	Nutrition	Physical activities	Tobacco consumption	Alcohol consumption
Internal health locus of control	.082 (.20)	.186 (.03)	-.338 (.000)	-.193 (.02)
Chance health locus of control	-.282 (.002)	-.308 (.001)	.239 (.008)	.094 (.17)
Powerful others health locus of control	-.346 (.000)	-.375 (.000)	.307 (.001)	.141 (.07)

Pearson's  $r$  correlation coefficient was calculated to evaluate the relationship between health behaviours and dimensions of health locus of behaviours. The results show that there exist a positive correlation between internal health locus of control and nutrition ( $r(103) = .082$ ,  $p = .20$ ) though the relationship was not found statistically significant. Positive correlation between physical activities and internal health locus of control was found significant ( $r(103) = .136$ ,  $p = .03$ ). Internal health locus of control was significantly negatively correlated with health impairing behaviours namely tobacco consumption ( $r(103) = -.338$ ,  $p = .0001$ ), and alcohol consumption ( $r(103) = -.193$ ,  $p = .02$ )

Chance health locus of control was significantly negatively correlated with health promoting behaviours namely, nutrition ( $r(103) = -.282$ ,  $p = .002$ ) and physical activities ( $r(103) = -.308$ ,  $p = .001$ ). Chance health locus of control was significantly positively correlated with tobacco consumption ( $r(103) = .239$ ,  $p = .008$ ). Though there exist a positive correlation between chance health locus of control and alcohol consumption ( $r(103) = .094$ ,  $p = .17$ ), the relationship is not statistically significant.

Powerful others health locus of control was significantly negatively correlated with nutrition ( $r(103) = -.346$ ,  $p = .000$ ) and physical activities ( $r(103) = -.375$ ,  $p = .000$ ) and significantly positively correlated with tobacco consumption ( $r(103) = .307$ ,  $p = .001$ ). The correlation between powerful others health locus of control and alcohol consumption ( $r(103) = .141$ ,  $p = .07$ ) though positively correlated, was not found statistically significant.

## DISCUSSION

Health promoting behaviours, such as proper nutrition and adequate physical activities are of great importance for patients suffering from lung cancer. Several studies have reported that many cancer patients engage in unhealthy behaviours such as poor diet, smoking, alcohol consumption which may lead to cancer recurrence, development of secondary cancers and other chronic diseases.

## **Health Locus of Control and Health Behaviours in Lung Cancer Patients**

The results show that the mean score for physical activities is lowest among all the mean scores of various dimensions of health behaviours. This may be due to the lower capacity of lungs due to illness. Nutrition has the highest score showing that patients despite of their illness and treatment side effects try to consume proper nutrition.

Our study also revealed that the mean score of chance exceeded the mean score of the other two subscales. This indicates that the population studied has somewhat more characteristics of external locus of control than internal locus of control. The findings of the current study show that patients with lung cancer tend to attribute their illness to external sources of control, namely: physicians, significant others, and chance.

Interesting results were found in our study with respect to the associations between health behaviour and health locus of control. Nutrition and physical activities were positively correlated with internal health locus of control. Tobacco consumption and alcohol consumption were positively correlated with chance and powerful others health locus of control. Thus, the finding supports the universality of the claim that external health locus of control should be linked to unfavourable outcomes in health behaviours and internal health locus of control should be linked to favourable health behaviour outcomes.

One possible explanation for this finding is related to the nature of cancer and its treatment process. Despite of advances in the treatment processes most of the patients diagnosed with any form of cancer still consider it as a threat to their lives. The perceived uncontrollable nature of cancer and the uncertainty of treatment outcomes might reduce patients' beliefs in personal control over their illness. In addition, the majority of patients involved in the current study require long-term cancer treatment. This situation may lead to an increased belief in external forces among patients, i.e. the doctor, powerful others (e.g. family members), and chance in the determination of their health condition.

Even though this study had statistically significant results, there were limitations. The choice of our sample might and probably did affect the findings we obtained. Most studies on health-related behaviour have utilized non clinical population-based samples. Future research should analyse the relationship in other chronic illnesses as well. A comparison can also be made between health behaviours and health locus of control of patients with various chronic illnesses. Another limitation was the fact that participants were only assessed once during the treatment. As stated previously, they were just moving out of the recovery phase and this may have affected some of their responses. Responses may have been different if the population was studied six months to one year after surgery. Another important limitation of our study, which should be taken into account when analysing the results, is a lack of precise control of depression and anxiety levels. Although patients with a history of major mental disorder were excluded from participation, this does not preclude that some patients may have had undiagnosed or subclinical



levels of depression and anxiety, and this in turn might affect the results through introduction of an important source of variance into the scores of both health-behaviours and health locus of control. Future research should probably analyse the possible mediating effects of these mental conditions on the association between health behaviour and health locus of control.

### CONCLUSION

Much literature has focused on locus of control and health behaviours independently, but only a limited amount tie the two variables together. This study looked at these two important variables in a population of lung cancer patients undergoing treatment. Results showed a positive correlation between internal locus of control and health promoting behaviours and negative correlation between health impairing behaviours and positive correlation between external health locus of control and health impairing behaviours and negative correlation with health promoting behaviours were consistent with the literature. Clearly stated, patients who believe that their actions will have positive outcomes will exhibit more health protecting behaviours. Since it is known that risk factor reduction decreases the incidence of secondary cancers and other chronic illnesses, health promoting behaviours by these patients should lead to a decreased cancer risk overall. This study adds further support to the importance of locus of control when trying to predict health behaviours in a population of cancer patients undergoing treatment. There are implications for advanced practice as well as nursing research and the health care delivery system. Further research as reviewed above will only serve to strengthen and expand upon results obtained.

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## Impact of Spirituality on Depression, Anxiety and Stress of Students Preparing for Competitive Exams

Manpreet Ola<sup>1\*</sup>

### ABSTRACT

**Background:** Gradually over the years trend towards education system in our country has changed, it has become highly competitive. On the basis of one's grades admissions to various "top colleges" is provided, which further leads to "high packaged placements". On the basis of one's job status and college ranking their self worth is measured and all this puts lot of burden on students who have to continuously strive to achieve better than their batch mates, their siblings, relatives, neighbors etc. **Aim:** The aim of the study was to see whether spirituality would have any impact on depression, anxiety and stress in male and female students preparing for competitive exams. **Methods:** Participants were 60 students (30 males and 30 females) from areas of Rajasthan and Delhi, India, in the age range of 16-25 years, with no history of any psychiatric illness. They gave their consent to participate in the study. Spirituality was assessed using the daily spiritual experience scale by Underwood & Teresi, (2002), depression, anxiety, and stress levels through Depression, Anxiety, Stress Scales (DASS by Lovibond & Lovibond, 1995). Sample was purposive and the data were collected in individual situations. **Results:** There was difference between male and female students with regard to spirituality, depression, anxiety and stress, however only on the dimension of anxiety the results were significant, where female students had significantly more anxiety than that of male students ( $t = 2.87, p = .01$ ). With regard to correlation between spirituality, depression, anxiety and stress there was significant inverse correlation for male and female students. However only for anxiety scores in females, there was a significant inverse correlation ( $r = -.417, p = .01$ ). **Conclusion:** It can be concluded that spirituality to some extent helps in reducing anxiety. At the same time it is essential for us to realize that spirituality is not the only way to help the young stressed students to cope with this life challenge, the family simultaneously needs to be supportive and not over pressurize the students and should stop comparing them to one or the other. However due to the small sample size the result findings cannot be generalized.

**Keywords:** Mental Health, Spirituality, Depression, anxiety and Stress.

<sup>1</sup> Assistant Professor at Amity University Gurgaon, Haryana, India

\*Responding Author

## **Impact of Spirituality on Depression, Anxiety and Stress of Students Preparing for Competitive Exams**

A sense of competition for good results, grades and good jobs is noticed at all levels of education and work life in every country however due to increasing suicide rates in our country in the recent past, has highlighted the urgent need to emphasize the seriousness of this domain and suggest the various remedies to combat and minimize the rising deaths of the young individuals.

**Mental health of students:** Nowadays stress is considered to be a part of the student's life and can have been seen to have an impact on the students coping strategies in accord with the demands of academic life. Research studies have found a strong relationship between stressful life events and reduced academic performance and between health's related well being (Misra & McKean, 2000). It has been studied over time that moderate level of stress experienced by students may be required and is even advantageous for them to succeed in their endeavors (Larson, 2006). However an excessive amount of stress may devastate them and lead to anxiety, depression, physical illness, and long term physical and psychological health problems (Larson, 2006). Another study conducted by Misra and Castillo in 2004 concluded that perception and reaction to stress is different in both genders i.e. males and females. Sulaiman, Hassan, Sopian and Abdullah (2009) also found that males and female students experience different level of stress and this is because females are more likely to be emotional than males in reaction to their environment. However this is specifically seen that greater levels of stress and more health problems are found in females than their male counterparts (Hall et al., 2006). Females are also more likely to have lower tolerance to mental illnesses than males.

### **METHODS:**

#### ***Aim:***

The aim of the study was to see whether spirituality would have any impact on depression, anxiety and stress in male and female students preparing for competitive exams.

#### ***Hypotheses:***

**H1:** There would be a significant difference between male and female students on spirituality, depression, anxiety and stress.

**H2:** Spirituality would have an inverse correlation with depression, anxiety and stress.

#### ***Research design and variables:***

Two groups research design was used for the study. Independent variable of the study was spirituality. Dependent variables of the study were depression, anxiety and stress.

#### ***Sample and sampling:***

Purposive sample consisted of 60 students preparing for competitive exams (30 males and 30 females) who filled the informed consent form to participate in the study. Their age range was 16-25 years. The participants had no history of any psychiatric illness. Participants who were not

## **Impact of Spirituality on Depression, Anxiety and Stress of Students Preparing for Competitive Exams**

fluent in English or Hindi were excluded from the study. The data was collected from areas of Rajasthan and Delhi, India.

### ***Tools used in the study:***

**Personal data sheet:** To record relevant personal information on of the participants.

**Depression, anxiety and stress scale (DASS by Lovibond & Lovibond, 1995):** It is a 42-item questionnaire which includes three self-report scales designed to measure the negative emotional states of depression, anxiety and stress. Each of the three scales contains 14 items, divided into subscales of 2-5 items with similar content. The Depression scale assesses dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest/ involvement, anhedonia, and inertia. The Anxiety scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. The Stress scale (items) is sensitive to levels of chronic non- specific arousal. It assesses difficulty relaxing, nervous arousal, and being easily upset/ agitated, irritable/ over-reactive and impatient. Respondents are asked to use 4-point severity/ frequency scales to rate the extent to which they have experienced each state over the past week. The reliabilities (internal consistencies) of this scale as measured by Cronbach's are 0.90 for the anxiety scale, 0.95 for the depression scale, 0.93 for the stress scale and 0.97 for the total score.

**Daily spiritual experience scale:** DSES by Underwood & Teresi, (2002) was used to assess spirituality; it is a 16-item self-report scale for spiritual experience. It specifically aims to measure ordinary, daily spiritual experiences. The items of the questionnaire are measured on a 6-point Likert-type scale.

## **RESULT AND DISCUSSION:**

As the hypotheses were guiding force for analysis of the data, results are displayed and discussed according to them.

**H1:** Difference between male and female students with regard to spirituality, depression, anxiety and stress.

**Table No.1: Difference (t- Test) between male and female students for depression, anxiety, stress and spirituality (N= 60).**

	GROUPS	MEAN	S.D.	T- TEST
DEPRESSION	MALE	7.36	4.78	.906
	FEMALE	8.46	4.62	
ANXIETY	MALE	8.10	7.07	<b>2.87**</b>
	FEMALE	12.79	8.53	
STRESS	MALE	8.30	4.34	.604
	FEMALE	8.96	4.20	
SPIRITUALITY	MALE	2.87	.81	1.34
	FEMALE	2.62	.57	

As we can clearly see from the results (table no. 1) that for all the dimensions of mental health such as depression, anxiety and stress males had scored slightly lower to their female counterparts, though the results were only significant for the anxiety dimension of mental health where females had scored a little higher than males. For spirituality on the other hand males had scored slightly higher than females. Our results are supported by research conducted by Watson (2002) on college students and academic stress with reference to gender differences. The results found non-significant difference in the perceived stress between male and female students. Studies have shown that it is not only academic burden that the students have to face there are various other several sources of stress for these students, such as being away from home, adapting to a new environment, where they are taking coaching classes, forming new social relationships, budgeting time and money, social obligations, and also adding cherry on the cake the rising academic demands (Hall et al., 2006). And all these new responsibilities, high expectations, and extreme demands may leave a student feeling overwhelmed with too many things to do, too much to achieve and too much to learn too quickly (Dyson & Renk, 2006; Larson, 2006) causing mental health illnesses, providing support to our results.

**H2:** Correlation of spirituality with depression, anxiety and stress.

**TABLE 2: Correlation of Spirituality with Depression, Anxiety and Stress in Male and Female Students (N=60).**

	DEPRESSION		ANXIETY	STRESS
SPIRITUALITY	MALES	-.002	-.063	-.032
	FEMALES	-.046	<b>-.417**</b>	-.017

## Impact of Spirituality on Depression, Anxiety and Stress of Students Preparing for Competitive Exams

It is clearly apparent from table no.2, that our hypothesis regarding inverse relation between spirituality and depression, anxiety and stress has been proved, for both male and female students there has been inverse correlation, however only for anxiety with spirituality for female students there has been significant inverse relationship. As we can see from our results that though there is an inverse correlation between spirituality and the mental health dimensions our findings are not significant for most of the variables because it's essential at this point to understand that spiritual and religious practices are not, and should not be, seen as the only sole means to an end when trying to achieve and work towards better mental health.

### CONCLUSION

1. In this study female students had scored significantly higher on the dimension of anxiety as compared to their male counterparts.
2. Results indicated that spirituality was inversely correlated with depression, anxiety and stress in students.
3. The studies presented here clearly show that spiritual practices can have slight impact on enhancing positive mental well being amongst students preparing for competitive exams for which there needs to increased awareness in these students, so that they start engaging themselves in spiritual practices.
4. Thus, this study can lend support to the growing body of work indicating that we should perhaps take seriously the rising burden created on students due to the academic pressures and desires to prove their worth.
5. Psychologists and mental health professionals should provide adequate guidance to caregivers about the role played by social support in mental well being of these students.
6. It is essential that adequate measures are taken at policy making levels so that this rising competitiveness and death toll can be minimized to some extent.

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## Internet Addiction among Adolescents: A Review of the Research

Vandana Goswami<sup>1\*</sup>, Dr. Divya Rani Singh<sup>2</sup>

### ABSTRACT

The Internet is a new tool that is evolving into an essential part of everyday life all over the world and its use increases especially among young people. As the Internet increasingly becomes part of our daily lives, Internet addiction disorder has received much attention. There are several reviews addressing the definition, classification, impact of Internet on India, Internet addiction Test, Gender differences in Internet addiction, academic performance and Internet addiction and some reviews addressing the treatment of Internet addiction disorder. The main aim of this paper is to give a preferably brief overview of research on IAD.

**Keywords:** *Internet Addiction Disorder (IAD), Internet Addiction Test (IAT), Adolescents, Gender Differences*

Internet is a global system that is increasingly used by all people as one of the most important devices for access of information in the world. The term “Internet addiction” was proposed by **Dr. Ivan Goldberg in 1996** for pathological compulsive Internet use. Over the last couple of years, Internet addiction has become a global concern to the public and can be classified as a health issue. There is even a proposal to include Internet addiction in the next revision of the Diagnostic and Statistical Manual of Mental Disorder. Addictive behaviours were suggested to cause improper life style and impairment to personalities, especially amongst the young. The education system has evolved and the use of technology is now encouraged at much younger ages.

Internet addiction means the over use of Internet to such extent that our everyday life collapses. At the end it leads to complete breakdown of our personal and social relationship, work and sleep routine as well as our mood and thinking capability. In other words we can say that the over use of Internet creates disturbances in our life. The use of the Internet on school campuses and in society has increased dramatically in recent years. Whereas the academic use of the Internet is primarily intended for learning and research, the Internet has also become an

<sup>1</sup> Research Scholar, Department of Home Science, D.D.U. Gorakhpur University Gorakhpur, (U.P.), India

<sup>2</sup> Assistant Professor, Department of Home Science, DDU Gorakhpur University Gorakhpur, (U.P.), India

\*Responding Author

important part of student life. However, from time to time, cases of over involvement with the Internet have been observed on different campuses.

### *Definition and Classification of Internet Addiction*

The appropriate classification of Internet addiction has been debated. Some investigators have linked Internet addiction to addictive disorders, grouping it alongside alcohol and drug use disorders (**Griffiths 1999**). Others have linked Internet addiction to Obsessive-Compulsive disorder (**Sussman 2005**). Or to the impulse control disorders (**Shapira, et al 2000, Young 1998**). The many names given to this phenomenon recognize the various ways in which it has been regarded Compulsive computer use (**Black, et al 1999**), Pathological Internet use (**Davis 2001**), Problematic Internet use (**Caplan 2003**), Internet dependency (**Schere 1997**) and Internet addiction (**Goldberg 1996**).

There are many definitions available for Internet addiction. In the psychiatric literature, **Black, et.al. (1999)** described a series of ‘compulsive Computer users’, the only requirement of which was that subjects acknowledged “Compulsive Computer use that had contributed to personal distress or social, occupational, financial or legal consequences”. .further refined the definition of ‘Problematic Internet use’ by enumerating operational criteria that emphasize cognitive and behavioral aspects of the disorder, as well as impairment characterized by subjective distress and interference in social or occupational functioning, mania and hypomania should be ruled out as causes of the disorder. These criteria were patterned after those developed by **McElory et.al. (1994)** for compulsive shopping, considered by many as a disorder of impulse control.

**Young (1998)** has proposed criteria patterned after the DSM-IV-TR criteria for pathological gambling. In employing her criteria, only non-essential Computer/Internet usage (e.g. non-business or non-academic use) is considered. Internet addiction is present when five or more of the eight criteria are present during the past 6 months and mania has been ruled out as a cause. She further breaks ‘Internet addiction’ in to five subtypes and suggests that people typically become addicted to a particular application that acts as a trigger for excessive Internet use. **According to Young et.al. (2000)** Internet addiction is a broad term covering a wide variety of behaviours and impulse control problems. The five subtypes of Internet addiction are as follows:

- 1- Cybersex addiction-** This occurs in individuals who are typically engaged in viewing downloading and trading online pornography or are involved in adult fantasy role-play chat rooms.
- 2- Cyber- relationship addiction-** Addiction to social networking, chat rooms, and messaging to the point where virtual, online friends become more important than real-life relationship with family and friends.
- 3- Net Compulsions-** This subtypes includes a broad category of behaviours, including online gambling, shopping or stock trading.

**4- Information Overload-** The World Wide Web has created a new kind of Compulsive behaviour that involves excessive web surfing and database searches. These individuals spend a disproportionate amount of time searching for, collecting and organizing information.

**5- Computer addiction-** Most computers come equipped with pre-programmed games and people become addicted to playing them at the cost of work performance or family obligations.

### *Impact of Internet on India*

According to **Internet and Mobile Association of India (2013)** There has been an explosive growth in the use of Internet not only in India, but also worldwide in the last decade. The population of India is around 1.2 billion as of 2012, of which the number of Internet users (both urban and rural) is around 205 million. It is estimated to increase to 243 million by June 2014, and India will be the second-leading country after China which currently has the highest Internet user base of 300 million. **Chandra, et.al (2005)** reported that the number of Internet users in India has grown five-fold since 2005. Mobile Internet usage is growing at the rate of nearly 85% per annum, with nearly 75% of nonvoice usage being devoted to entertainment, where video and music streaming are major growth activities. The understanding that the Internet use can be a disorder is still in its initial stages in India. There are limited numbers of studies estimating how common the issue of Internet addiction is in India.

In a study carried out by **Nalwa and Anand (2004)** among school children 16-18 years old in India. Two groups were identified-dependents and non-independents. Significant behavioural and functional usage differences were revealed between the two groups. Dependents were found to delay other work to spent time online, lose sleep due to late night logons and feel life would be boring without internet by dependents were greater than those of non-dependants. On the loneliness measure, significant differences were found between the two groups, with the dependents scoring higher than the non-dependants. **Das and Mishra (2013)** examined the effect of gender and internet use on adolescent's loneliness in India and they found that internet use had a significant effect upon loneliness where as gender had no significant effect upon adolescent's loneliness. **Yadav, et.al. (2013)** explored the internet addiction amongst Indian school students and they found that sixty five (11.8%) students had Internet Addicted; it was predicted by time spent online, usage of social networking sites and chat rooms and also by presence of anxiety and stress. **Kodvanji, et.al. (2014)** investigated the impact of internet use on lifestyle of undergraduate medical students in India. Their cross-sectional study involved 90 (18-20 years) undergraduate medical students. The two groups addictive and non-addictive were compared for environmental stressors and lifestyle factors such as sleep, dietary pattern, physical activities and hobbies. The addictive internet user group had a statistically significant impairment of sleep and excessive day time sleepiness and presence of environmental stressors when compared to the non-addictive internet user group.

### ***Rating Scales / Test for Internet Addiction Disorder (IAD)***

The Internet Addiction Test (IAT) of **Kimberly Young (1998)** was the first validated instrument to assess Internet addiction. The IAT is a 20 item, 6 point Likert scale with scores ranging from 0-5 for each item. It measures Internet addiction in mild, moderate and severe addicted level. **Brenner (1997)** developed the Internet Addictive Behavior Inventory (IRABI) a 32-item questionnaire that probes a user's Internet experiences, modeled after the section on substance abuses in DSM-IV-TR. The instrument was reported to display good Internet consistency but no other information was provided. **Morahan-Martin and Schumacher (2000)** developed a 13-item scale to assess problems associated with Internet use, including personal distress, academic work or inter personal issues, withdrawal symptoms or mood disturbance.

### ***Gender differences in Internet Addiction***

The issue of gender in regard to the question of Internet use and its effects is an important one. Do men and women use the Internet differently and engage different Internet applications? **Young (1998)** observed that men tend to seek out dominant activities or content online. Those interactive online games that rely particularly on power, dominance, control, and/or violence attract more men than women. Women, on the other hand, seek out close friendships and prefer anonymous communication in which they can hide their appearances. Virtual communities give women a sense of belonging and the ability to share their feelings and emotions in private and convenient ways. Whereas men tend to explore sexual fantasies online, women tend to look for romance in cyberspace. Young states that although it is not unusual for women to engage in random cybersex or cyber sex chat, they often prefer to form some type of relationship prior to the sexual chat. **Lin and Yu (2008)** reported that males tended to consider the Internet more as a 'toy' but females tended to view it as a tool or technology with which to accomplish task. **Bernauly, et.al. (2009)** stated that problematic Internet use by students to be lower in the female students compared to males. **Razieh, et.al. (2012)** examined the prevalence of internet addiction among the universities girl's and boy's students, the result of their study demonstrated that prevalence of internet addiction among boy's students in universities; boys were more addicted than girls.

### ***Academic performance and Internet Addiction***

**Canales, et.al. (2009)** explored that an extended presence on facebook can have harmful effects on productivity and task performance. Long hours spent on facebook seem to decrease student's academic performance and thus their grades. **Dill (2009)** observed that children spend more time watching television and movies, playing video games and surfing the Internet than they spend in school per year. **Singh and Barmola (2015)** reported that the students who were in the severe and profound groups of internet addiction were found to have detrimental effects on both in their academic performance and mental health rather than the students who were addicted to the internet usage moderately.

### *Treatment for Internet Addiction*

Since Internet addiction was first introduced in the media and research literature, many research studies have been undertaken in an attempt to define, explore, investigate and predict addiction and identify possible interventions or treatments for IA. Seven possible interventions have been identified as well as therapeutic approaches such as Cognitive Behavioral Therapy (CBT), Reality Therapy Group Counseling etc.

**Young (1999)** introduced that the seven possible treatment technique to address Internet Addiction are composed of:-

- 1- Practice the opposite:** After reorganizing one's excess use time online, construct a new reduced schedule or time pattern for using the Internet.
- 2- External stoppers:** Use concrete things (e.g., time to work, to meet boss, etc.) the addict needs to do, or places to go, as prompters to help log off.
- 3- Setting goals:** Set clear and achievable goals to help develop new tangible Internet-use schedules; prevent cravings, withdrawal and relapse; and give the addict a sense of control.
- 4- Reminder cards:** Use tangible, portable reminders of what addicts want to avoid (e.g., lost time with family) and what they want to do (e.g., improved productivity at work).
- 5- Personal inventory:** Generate a list of every activity or practice that has been neglected or curtailed since the online habit emerged.
- 6- Social support:** Organize support groups tailored to addict's particular life disrupted situations to decrease their dependence on online cohorts.
- 7- Family therapy:** Arrange therapy for those addicts whose marriages and family relationships are disrupted and negatively influenced by Internet addiction.

**Yang and Hao (2005)** investigated the effect of the seven interventions among 52 adolescents in China. The researchers found that IA scored and length of time online significantly decreased after three months of the treatment. **Kim (2008)** suggested that Reality Therapy Group Counseling as a way of addressing Internet Addiction. The reality therapy is based on choice theory, which views individuals as completely responsible for their own lives. The reality therapy aims to encourage individuals to improve their lives by committing to changing their Internet related behaviours. The therapy includes sessions that help clients understand that addiction is a choice, aids with the learning of proper time management skills, and introduces alternative activities to the addictive behaviour. **Shek, et.al. (2009)** described an indigenous multi-level counseling program designed for young people with internet addiction problems based on the responses of 59 clients. Regarding objective outcome evaluation, pre-test and post-test data generally showed that the internet addiction problems of the participants decreased after joining the program and there were some slight positive changes in parenting attributes. Participants generally perceived that the program was helpful. **Du, et.al. (2010)** investigated that randomized, controlled trial for the treatment of Internet addiction in adolescents. Their study

involved a multimodal school-based intervention involving eight sessions of group-based Cognitive Behavioral Therapy (CBT). Therapy involved addicted adolescents learning principles of effective communication with their parents, learning how to manage online relationships, techniques for controlling impulses, and techniques for recognizing and stopping problematic behaviour. Parent training was also delivered in tandem, and this involved teaching parents to recognize their child's emotions, increase problematic solving and communication between family members and develop techniques for managing adolescents with problem technology use. Psycho education was also delivered to teachers in the school. Post treatment, adolescents significantly reduced their Internet use and anxiety and improved their time management skills. Treatment gains were maintained at 6-month follow-up.

### CONCLUSION

Excessive use of the Internet has become one of the leading challenges of the modern society and causes both physical and mental impairment. On the basis of this review paper we have understand that Internet has become one of the most significant information resources for adolescents, its impact is remarkable. It makes countless disturbances in academic performance; social relationship, emotional wellbeing etc. so we should control the over use of Internet, and try to follow treatment techniques for Internet addiction.

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## Investigating the Effectiveness of Eye Movement Desensitization and Reprocessing (EMDR) on Children with Post-Traumatic Stress Disorder (Traffic Accident)

Matin HassanzadehMoghaddam<sup>1</sup>, Dr Javad Khalatbari<sup>2\*</sup>

### ABSTRACT

The study aim was to investigate Eye Movement Desensitization and Reprocessing (EMDR) EMDR therapy on children with post-traumatic disorder (PTSD) in traffic accidents. The research population consists of children 7-11 years old in Tehran city who are surviving serious traffic accidents in 2014 that after screening 20 patients selected as sample who had the highest prevalence PTSD and divided into two groups of 10 patients randomly that the first group, called control group and second group was experimental group.

The tools used in the study were anxiety depression scale and 42- DASS stress scale that had good convergent and discriminative validity and reliability by Cronbach's alpha for the subscales depression, anxiety and stress at an acceptable level 0.91, 0.84 and 0.84 calculated, respectively. At first, 42- DASS test performed in the experimental and control group and then experimental group treated by Eye Movement Desensitization and Reprocessing therapy (EMDR), re-test in both groups was performed, and the results were analyzed. However, there is no significant difference between the two groups in terms of anxiety. As a result, it stated that EMDR therapy has been effective on depression and stress in children with post-traumatic stress disorder (PTSD).

**Keywords:** *Desensitization, Eye Movements, Reprocessing, Post-Traumatic Disorder*

**P**ost-traumatic stress disorder (or PTSD) is a common reaction that people have shown in front of stressful or traumatic events. A variety of events can lead to PTSD, such as, car accident, attack or the victim of another crime being abused physically or sexually abused; living through a disaster such as a flood or explosion, with control of death. This disorders is the last

<sup>1</sup> M.A in clinical psychology, Tonekabon Branch, Islamic Azad University, Tonekabon, Iran

<sup>2</sup> Department of Psychology, Tonekabon Branch, Islamic Azad University, Tonekabon, Iran

\*Responding Author

## **Investigating the Effectiveness of Eye Movement Desensitization and Reprocessing (EMDR) on Children with Post-Traumatic Stress Disorder (Traffic Accident)**

subcategory of anxiety disorders after viewing, direct experience or and hear a traumatic stressor and intense that could lead to actual or threatened death or serious a disaster (Pinel, translated by Firozbakht, 2008). Post-traumatic stress disorder (PTSD) is a syndrome with a set of symptoms can be found exposure to traumatic life events; person will respond to this experience as fear and helplessness and imagine event constantly and yet wants to remind the refrain (Hedi, Resnick; Acierno; Amstadter & Shannon, 2007). The disorders like other DSM disorder defined by a collection of symptoms but unlike other disorders exposure with a certain type of traumatic accident are criterion for diagnosis it. A person must have experienced or seen an accident involving actual or possible death, serious damage or threat to the physical integrity of self or others (Mirzaee and Karami, and Sadock2007 and Kaplan, 2003). Eye Movement Desensitization and open processing (EMDR) is one of the efficient methods and effective in helping people who experience mental wounds caused by traumatic injury, anxiety, panic, post-traumatic stress disorder because of unpleasant and life, sorrow and suffering other types of emotional problems (Davidson & Parker, 2001; Chambless et al., 1998; Foa, Keane and Friedman 2000). Eye Movement Desensitization and Reprocessing (EMDR) therapy is a new approach in the treatment of psychotic disorders and symptoms such as anxiety, depression, anxiety, sleep disturbances, feelings of guilt, anger and return the old memory is used. Eye Movement Desensitization and open processing (EMDR) is complex form and consistent incorporation of many aspects of different approaches to psychology. It seems that Eye Movement Desensitization and open processing (EMDR) creates a physiological effect that re-accelerated processing of information are stored as impaired. In the meta-analysis of the effects of Eye Movement Desensitization and open processing (EMDR), Van Etten and Taylor (1998) showed that eye movement desensitization, reprocessing therapy in the treatment of PTSD protests is more effective than drug therapy, and EMDR therapy is more effective than other methods. In another study, Sperng (2001) indicated that symptoms Eye Movement Desensitization and Reprocessing in reducing symptoms of bereavement are more effective than cognitive - behavioral therapy.

Shapiro (2002) has introduced Eye Movement Desensitization and open processing (EMDR) as an integrated protocols in eight steps. During the hearings on experiences and given the time and learns that focuses on the stimulation of mutual therapist. Research indicates that Eye Movement Desensitization and open processing (EMDR) is effective in reducing anxiety types (Marquis, 1991; Vaugan & Armstrong, 1994; Arnold, 2004). Many single initial case studies show the significant effectiveness of Eye Movement Desensitization and open processing (EMDR) (Puk, 1991, Wolpe & Abrams, 1991; Kleinknecht and Morgan, 1992; MacCanon, 1992; Pellicer, 1993). This method also affected the soldiers by the war (Carlson, Chemtob, Rusnak and Hedlund, 1998), victims of violent assaults (Kleinknecht and Morgan, 1992), post-traumatic stress disorder and other diagnoses that used Eye Movement Desensitization and open processing (EMDR) significantly (Vaughan, Wise, Gold and Taryr, 1994), has confirmed. Doolatabadi (1999) Abdoli Bidhendi (2001) Mahani, Abbasnejad and Zamyad (2006) Mahani and

## **Investigating the Effectiveness of Eye Movement Desensitization and Reprocessing (EMDR) on Children with Post-Traumatic Stress Disorder (Traffic Accident)**

Bahramnezhad (2006) in their study of the therapeutic effects of this approach have approved. According to Legal Medicine Organization in the first 8 months of 2011, the number of 14977 people has lost their lives in traffic accidents. Although these figures decreased by 13% compared to the same period last year, however, every day more than 60 people die in traffic accidents across the country (Gorgi, 2011). In each of these accidents involved nearly three households. If the average population per family considers 5 people, stats involved in road accidents can be quite dramatic (Ansari, 2007). These events not only directly physical damage disaster for people to follow, but also indirectly has effects on physical, psychological, economic, social, cultural, environmental, human and family functions (Wang, Tsay & Elaine Bond, 2005). The findings of numerous studies indicate that some psychological, social and economic damages in traffic accident (Mayou, Ehlers, & Hobbs, 2000; Wu, Chan & Ma 2005 Zehnder, Meuli, & Landolt, 2010). In the meantime, mental damage families who lost their loved ones because of traffic accidents are more than any other people involved. Some of health damages affected overall familie's performance (Jabali, Shussainat Al-salem & Zraikat, 2013 Khodadadi, Ghanbari, Yusef-Zadeh, Meskini, Asgari and Kochiki Nejaf, 2009).

Therefore, the effects and consequences of traffic accidents as one of the most important psychological issues, and social psychiatry in the world, according to sociologists and experts in psychology have attracted (Wang, Tsay & Elaine Bond, 2005). Therefore, traffic accidents are events that have harmful effects on the mental health of survivors. Review of Landolt, Vollrath, Timm, Gnehm, & Sennhauser (2002) also suggests that the most important immediate response in children after accidents, along with a variety of anxiety states, depression, violent and belligerent behavior, low self-esteem, health problems and grief reactions, development of post-traumatic stress disorder PTSD. Landolt, Vollrath, Timm, Gnehm, & Sennhauser (2005) in his studies on children Germany and Switzerland showed that the incidence of post-traumatic stress disorder among children is the most common psychological reactions following the accident. Regarding this issue, the question arises, as "what is the effect of new therapeutic EMDR treatment on children in the field of psychology?

### ***Theoretical foundation***

Post-traumatic stress disorder was studied in many countries and population groups (Galovski, 2003). Psychological disorders after a traumatic event is not a new phenomenon has been since before interest and understanding. The frequency and severity of posttraumatic stress disorder depends on the severity of the trauma that the person is experienced. In addition, chronic exposure to stress can be an important factor in the post-traumatic stress disorder (Kazemipour, Maryam, 2010). Any traumatic stress disorder can be triggers, but some situations, such as accidents, exceed and conflict is always stressful. Experience has shown that victims of such events mainly acute stress disorder are severe. If symptoms persist for more than a month, it said post-traumatic stress disorder happened. PTSD or post-traumatic stress disorder, usually after a traumatic accident show symptoms such as nightmares, intrusive memories, re-experiencing

## **Investigating the Effectiveness of Eye Movement Desensitization and Reprocessing (EMDR) on Children with Post-Traumatic Stress Disorder (Traffic Accident)**

trauma in different ways, guilt and your irritability and symptoms from one to six months and sometimes even years and can distort one's life. Although the disorder may occur at any age, but is more common among young people due to accelerating fields (Kalat, James, 2007).

### ***History of post-traumatic stress disorder (PTSD)***

In 2000 BC, the ancient Egyptians were familiar with the symptoms of post-war psychological and the Greeks after the war of Marathon in 450 BC Athens took place between the army and the government of Darius the Great, symptoms of post-traumatic stress disorder (PTSD) seen in soldiers (Golzari, Mahmoud, 2010). The psychological impact of traumatic events has long described by poets and writers. Therefore, that William Shakespeare clear definition of the post-traumatic stress disorder (PTSD) reactions expressed in their works. Samuel Pepi in his diary response to the Great Fire of London in 1666 include anxiety, insomnia, nightmares, feelings of guilt for the sake of his life and explains his wealth. Charles Dickens constant nightmares and fears because of the events described. Syndrome, post-traumatic stress disorder (PTSD) during the years of war between people in different names like syndrome caused by the blast wave or shock camp Heart Syndrome soldiers and shelling has taken (Coleman, translated by Hashemian, 1376). American soldiers returning from Vietnam in 1975 out of fear, anxiety and nightmares complained after the war (Vietnam) the term post-traumatic stress (PTSD) introduced in 1980 in the world of psychiatry.

### ***The importance of post-traumatic stress disorder (PTSD)***

Most people has habit related many their physical ailments to stress. Although the idea in some cases hardly a stretch and sometimes completely unrelated, but new research suggests that at least in the case of post-traumatic stress disorder to the ordinary people. Studies conducted over four thousand American veterans of the Vietnam War researchers to conclude that post-traumatic stress disorder can be more than any other risk factor for long-term ill health and premature death a person (Momtazbakht, Maryam, 2005). Although his post-traumatic stress disorder, (PTSD) independently is a risk factor for health but it is possible to prepare the ground for unhealthy habit health, more health threatening. For example, 45 percent of people with post-traumatic stress disorder (PTSD) are smokers (Mirzaee, Jafar and Karimi, Golamreza, 2011). Some of these patients also tend to turn to alcohol to escape the mental problems which is separate from the physical effects worsen the symptoms of post-traumatic stress disorder as well.

## **REVIEW OF LITERATURE**

Behnam Moghaddam et al (2013) investigate the impact of e Eye Movement Desensitization and Reprocessing (EMDR) on anxiety in patients with myocardial infarction, 60 patients with myocardial infarction admitted to CCU of Qazvin (2011) to (1391) to collect data, demographic questionnaire and Beck Anxiety Inventory were used. Eye Movement Desensitization and Reprocessing (EMDR) therapy has performed in two sessions every other day for 45 to 90

## **Investigating the Effectiveness of Eye Movement Desensitization and Reprocessing (EMDR) on Children with Post-Traumatic Stress Disorder (Traffic Accident)**

minutes. The anxiety was measured before and after the intervention. Data collected by descriptive statistics, independent t test, t-test, and chi-square and Wilcoxon tests were analyzed. The results showed that eye movement desensitization and reprocessing as an effective, useful, new, performance, non-invasive to treat or reduce the severity of anxiety in patients with heart failure. Nurses, especially intensive care unit nurses can use this new and effective method in the treatment of anxiety patients.

Hasan Nia et al (2013) conducted a study entitled “Psychological consequences of fatal traffic accidents in the families of the victims. The results indicate the incidence of symptoms of depression, of anxiety states, ADD, PTSD, adjustment disorders, phobias, death, fear of traveling and driving, was complicated grief symptoms. Arabia et al (2011) study titled efficiency Eye Movement Desensitization and Reprocessing (EMDR) after damage in the post-traumatic stress disorder (PTSD) and symptoms of anxiety and depression in 40 patients with myocardial infarction survivors, and heart transplant had heart surgery. The results showed that the mean anxiety before treatment after treatment was significantly increased compared with the effects of Eye Movement Desensitization and Reprocessing (EMDR) therapy was stable after the six-month follow-up.

Schneider et al (2005) study showed that after Eye Movement Desensitization and Reprocessing (EMDR) therapy, significant improvements in hospital anxiety and depression and post-traumatic stress disorder was associated with seizures.

Tavanti (2008) compared two methods of Eye Movement Desensitization and Reprocessing (EMDR) between sertraline and EMDR to treat the symptoms of post-traumatic stress disorder (PTSD). The results of this study showed that both EMDR therapy and sertraline resulted had a significant reduction in PTSD symptoms ( $P < 0.001$ ) and EMDR therapy leads to faster recovery PTSD symptoms was compared with the drug sertraline.

Triffleman et al (1999) in his study of post-traumatic stress disorder using cognitive-behavioral approach, especially trauma, including coping skills training, stress inoculation training, exposure therapy and cognitive restructuring, the show that this approach reduces symptoms of post-traumatic stress disorder.

Ravenscroft (2009) in their study showed that people who work in emergency medical centers, occupational stress is the leading cause of morbidity and 15 percent of them are on the verge of PTSD (Rothbaum, 1994). Job stress in emergency departments and acute or chronic stress could cause (Anderson et al., 1991). However, few studies have done about people working in this sector and stress reactions and PTSD.

## **Investigating the Effectiveness of Eye Movement Desensitization and Reprocessing (EMDR) on Children with Post-Traumatic Stress Disorder (Traffic Accident)**

Rothbaum (1997) study concluded that after three sessions of eye movement desensitization and reprocessing through, 90 percent of participants entirely from post-traumatic stress disorder symptoms were saved.

Sarichlo (1996) study showed that EMDR treatment resulted a significant reduction in symptoms of post-traumatic stress disorder, mental distress(SUD), anxiety and depression and the increased positive cognition (Sarichlo, 1996).

### **RESEARCH METHODOLOGY**

The study is a quasi-experimental with pretest-posttest control group design it for two groups (experimental group and control group) and two pre-test and post-test. Independent variable, EMDR therapy is applied in the experimental group and its influence on post-test scores in experimental group and the control group was compared. Therefore, quasi-experimental study with regard to the experimental and control groups among children with the disorder, PTSD.

#### ***Study Population***

The research population consists of children 7-11 years old in Tehran city who are surviving serious traffic accidents in 2014

#### ***Sample and sampling***

After the first available number of children injured in DASS-42 questionnaire in post-traumatic stress, depression and anxiety were measured children and people with poor score, in other words, suffer from mental disorders have identified, among them 20 people who had the highest prevalence PTSD selected as a sample group and 10 patients randomly divided into two groups. The first group, called control group, and second was experimental group.

#### ***Data analysis***

After the experimental group treated in 8 sessions during the course of treatment, a questionnaire was distributed between the two groups. Data obtained by using descriptive statistics such as mean, standard deviation describes the data and then using inferential statistics (analysis of covariance) after adjusting for pretest differences between the control group and the experimental group examined.

**Investigating the Effectiveness of Eye Movement Desensitization and Reprocessing (EMDR) on  
Children with Post-Traumatic Stress Disorder (Traffic Accident)**

**DATA ANALYSIS**

**Inferential statistics**

*Table 1: Analysis of variance for the assumption of homogeneity of the line slope of the regression*

Variable	SS	df	MS	F	sig
Independent variables interacting with depression	0.768	1	0.768	0.016	0.902
Error	579.373	12	48.281		
Independent variables interact with anxiety	1.149	1	1.149	0.21	0.655
Error	784.695	22	65.391		
Independent interaction with stress	8.003	1	8.003	0.166	0.691
Error	807.697	22	67.308		

As can be seen from the above table sig interaction between independent variables and depression 0.902 and the dependent variable as well as anxiety 0.655, stress 0.691 that all three of them are bigger than the alpha level 0.05 with the possibility 0.95 states the assumption of homogeneity of the slope of the regression line is met.

*Table 2: significant test of homogeneity of variance - covariance*

sig	F	dF <sub>2</sub>	dF <sub>1</sub>	test BOX
401.0	035.1	347.2	6	6.6

As can be seen in table sig =0.401 value that is greater than the alpha level 0.05 and probability 0.950 states that the assumption of homogeneity of variance with probability - covariance is met.

*Table 3: Test error equal variances*

Variable	dF <sub>1</sub>	dF <sub>2</sub>	F	sig
Depression	1	18	714.0	409.0
Anxiety	1	18	203.1	287.0
Stress	1	18	319.0	579.0



**Investigating the Effectiveness of Eye Movement Desensitization and Reprocessing (EMDR) on Children with Post-Traumatic Stress Disorder (Traffic Accident)**

As can be seen in the table above three variables sig amount 0.409 depression 0.409, anxiety 0.278 and stress 0.579 that are larger than the alpha level and thus the same assumptions about the error variance for variable compliance.

**Table 4: Analysis of variance of the variables studied in combination**

Variable	value	dF <sub>1</sub>	dF <sub>2</sub>	F	sig	$\eta^2$
Wilks Lambda	504.0	3	13	259.4	027.0	496.0

As can be seen in table sig =0.027 an alpha level is smaller 0.05 with probability 0.95 suggest that the efficacy of eye movement desensitization and reprocessing (EMDR) in children with post-traumatic stress disorder there is a significant difference between the two groups.

**$F_{(3,13)} = 25.4$  ;  $P < 01.0$  ; Lambda 504.0 ,  $\eta^2 = 496.0$**

**Table 5: Univariate analysis of variance on the variable depression**

Variable	SS	dF <sub>1</sub>	MS	F	sig	$\eta^2$
Depression	569.432	1	569.432	52.10	005.0	412.0
Error	807.616	15	12.41			

As can be seen in table sig =0.005 an alpha level is smaller 0.017 with probability 0.95 suggest that the efficacy of eye movement desensitization and reprocessing (EMDR) in children with post-traumatic depression disorder there is a significant difference between the two groups.

**$F_{(1,15)} = 52.10$  ;  $P < 017.0$  Partial  $\eta^2 = 412.$**

**Table 6: Univariate analysis of variance on the variable anxiety**

Variable	SS	dF <sub>1</sub>	MS	F	sig	$\eta^2$
Depression	562.370	1	562.370	011.7	018.0	319.0
Error	805.792	15	854.52			

## Investigating the Effectiveness of Eye Movement Desensitization and Reprocessing (EMDR) on Children with Post-Traumatic Stress Disorder (Traffic Accident)

As can be seen in table sig =0.018 an alpha level is smaller 0.017 with probability 0.95 suggest that the efficacy of eye movement desensitization and reprocessing (EMDR) in children with post-traumatic anxiety disorder there is a significant difference between the two groups.

$$F_{(1,15)} = 011.7 ; P < 017.0 \quad \text{Partial } \eta^2 = 319.0$$

**Table 7: univariate analysis of variance on the variable stress**

Variable	SS	dF <sub>1</sub>	MS	F	sig	$\eta^2$
Depression	588.708	1	588.708	368.9	008.0	384.0
Error	573.1134	15	638.75			

As can be seen in table sig =0.008 an alpha level is smaller 0.017 with probability 0.95 suggest that the efficacy of eye movement desensitization and reprocessing (EMDR) in children with post-traumatic stress disorder there is a significant difference between the two groups.

$$F_{(1,15)} = 368.9 ; P < 017.0 \quad \text{Partial } \eta^2 = 384.0$$

## DISCUSSION AND CONCLUSION

This study showed that treatment of eye movement desensitization and reprocessing (EMDR) is effective in reducing symptoms of post-traumatic stress disorder (PTSD). The result of the effectiveness of EMDR treatment are consistent with the findings of other research in this field in Iran such; research of Dibajnia et al (2011), Narimani and Rajabi (2009) and Nickmorad et al. (2013) and in abroad with research Arabya et al. (2011), Spates and Cusack (1999), Tavanti (2008), Rothbaum (1997), Sarichlo (2001), Field and Kortl (2011), Vander Kulak (2010), McLean (2000), Van Etten and Taylor (1998). They indicated eye movement desensitization and reprocessing therapy effects in reduce post-traumatic stress disorder. In addition to some research conducted on the efficacy of eye movement desensitization and reprocessing to reduce the anxiety by Behnam Moghaddam et al (2013), Ashayeri et al (2009), Mohammad Tehrani et al (2011), Marcus, Marquis and Sakai (1991), Vaughan, Armstrong (1994), Arnold Ellison (2004). Many single initial case studies show the significant effectiveness of Eye Movement Desensitization and open processing (EMDR) (Puk, 1991, Wolpe & Abrams, 1991; Kleinknecht and Morgan, 1992; MacCanon, 1992; Pellicer, 1993). This method also affected the soldiers by the war (Carlson, Chemtob, Rusnak and Hedlund, 1998), victims of violent assaults (Kleinknecht and Morgan, 1992), has confirmed. Doolatabadi (1999) Abdoli Bidhendi (2001) Mahani, Abbasnejad and Zamyad (2006) Mahani and Bahramnezhad (2006) in their study of the therapeutic effects of this approach have approved.

## **Investigating the Effectiveness of Eye Movement Desensitization and Reprocessing (EMDR) on Children with Post-Traumatic Stress Disorder (Traffic Accident)**

In explaining the effectiveness (EMDR) in reducing symptoms of post-traumatic stress disorder (PTSD) can be said, it seems that eye movement desensitization and processing, creates a physiological effect that re-accelerated processing of information is which are stored disrupted.

**A.** EMDR what distinguishes it from other methods, how to replace positive beliefs and new interpretations of old beliefs and interpretations that causes a person to achieve solutions and new possibilities

**B.** it can be completely impartial manner and without any particular bias, the results of desensitization to spend, the effects of relaxation techniques such as deep breathing, releasing of excitement and (behavioral therapy techniques) knew that during treatment in terms of conditions frequently used

### **RESEARCH SUGGESTION**

- 1) It suggested that the effectiveness of EMDR treatment on other patients with traumatic stress disorder implementation and effects compared.
- 2) Due to high levels of stress, anxiety and depression in children injured in car accident injuries is suggested further research on the effectiveness of other therapies such as Acceptance and Commitment Therapy (ACT) is examined.

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Children with Post-Traumatic Stress Disorder (Traffic Accident)**

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## Issues, Problems and Possibilities of Life Skills Education for School Going Adolescents

Prof. C. G. Venkatesha Murthy<sup>1\*</sup>

**Keywords:** *Issues, Problems, Possibilities, Life Skill, Education, School, Adolescents*

The present paper has two parts. Part A covers issues and problems of Life skills Education. Part B covers possibilities of life skills education.

### Part A: Issues and Problems of Life skills Education for school going adolescents

#### **BACKGROUND ISSUES:**

Education is a process of accelerating the rate of maturation among children and adolescence. Both the childhood and adolescence are crucial stages of development, which will have to be channelized healthily in order to create a rich human resource. World Health Organization (WHO) defines individuals in the age group of 10-19 as adolescents, in the age group of 10-24 as young people and in the age group of 15-24 as youth (WHO 2007).

As part of Adolescent Education Programme, NCERT has come up with training and resource materials, (NPEP, 2010), where it holds that “one of the major objectives of adolescence education is to develop life skills to empower young people to respond to the real life situations in positive and responsible ways. Life Skills are psycho-social abilities that enable individuals to translate knowledge, attitude and values regarding their concerns into well-informed and healthy behaviors. Empowered with skills; young people are able to take decisions based on a logical process of “what to do, why to do, *how* to do and *when* to do.”

It is important that the children and adolescents need to be enabled to grow as healthy and capable individuals. Preparing them only for their cognitive domain concerns would make them slant. They should eventually grow socially smart and worldly wise. Developing them for their psycho social competence is an important agenda before education. WHO, (2004) while advocating the promotion of psycho-social competence holds a view that “**psychosocial**

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<sup>1</sup> RIE, Mysore, India

\*Responding Author

**competence is a person's ability to deal effectively with the demands and challenges of everyday life. It is a person's ability to maintain a state of mental well-being and to demonstrate this in adaptive and positive behaviour while interacting with others, his/her culture and environment.**

Psycho-social competence has an important role to play in the promotion of health in its broadest sense; in terms of physical, mental and social well-being. In particular, where health problems are related to behaviour, and where the behaviour is related to an inability to deal effectively with stresses and pressures in life, the enhancement of psycho-social competence could make an important contribution. This is especially important for health promotion at a time when behaviour is more and more implicated as the source of health problems.

The most direct interventions for the promotion of psychosocial competence are those which enhance the person's coping resources, and personal and social competencies. In school-based programmes for children and adolescents, this can be done by the teaching of life skills in a supportive learning environment.”

Keeping in view the above, it is necessary to understand life skills education programme as proposed by WHO. According to WHO (2004) “Life skills are abilities for adaptive and positive behaviour, that enable individuals to deal effectively with the demands and challenges of everyday life.

Described in this way, skills that can be said to be life skills are innumerable, and the nature and definition of life skills are likely to differ across cultures and settings. However, analysis of the life skills field suggests that there is a core set of skills that are at the heart of skills-based initiatives for the promotion of the health and well-being of children and adolescents. These are listed below:

- Decision making
- Problem solving
- Creative thinking
- Critical thinking
- Effective communication
- Interpersonal relationship skills
- Self-awareness
- Empathy
- Coping with emotions
- Coping with stress

**Decision making** helps us to deal constructively with decisions about our lives. This can have consequences for health if young people actively make decisions about their actions in relation to health by assessing the different options, and what effects different decisions may have.

Similarly, **problem solving** enables us to deal constructively with problems in our lives. Significant problems that are left unresolved can cause mental stress and give rise to accompanying physical strain.

**Creative thinking** contributes to both decision making and problem solving by enabling us to explore the available alternatives and various consequences of our actions or non-action. It helps us to look beyond our direct experience, and even if no problem is identified, or no decision is to be made, creative thinking can help us to respond adaptively and with flexibility to the situations of our daily lives.

**Critical thinking** is an ability to analyse information and experiences in an objective manner. Critical thinking can contribute to health by helping us to recognise and assess the factors that influence attitudes and behaviour, such as values, peer pressure, and the media.

**Effective communication** means that we are able to express ourselves, both verbally and non-verbally, in ways that are appropriate to our cultures and situations. This means being able to express opinions and desires, but also needs and fears. And it may mean being able to ask for advice and help in a time of need.

**Interpersonal relationship skills** help us to relate in positive ways with the people we interact with. This may mean being able to make and keep friendly relationships, which can be of great importance to our mental and social well-being. It may mean keeping good relations with family members, which are an important source of social support. It may also mean being able to end relationships constructively.

**Self-awareness** includes our recognition of ourselves, of our character, of our strengths and weaknesses, desires and dislikes. Developing self-awareness can help us to recognise when we are stressed or feel under pressure. It is also often a prerequisite for effective communication and interpersonal relations, as well as for developing empathy for others.

**Empathy** is the ability to imagine what life is like for another person, even in a situation that we may not be familiar with. Empathy can help us to understand and accept others who may be very different from ourselves, which can improve social interactions, for example, in situations of ethnic or cultural diversity. Empathy can also help to encourage nurturing behaviour towards people in need of care and assistance, or tolerance, as is the case with AIDS sufferers, or people

with mental disorders, who may be stigmatized and ostracized by the very people they depend upon for support.

**Coping with emotions** involves recognising emotions in ourselves and others, being aware of how emotions influence behaviour, and being able to respond to emotions appropriately. Intense emotions, like anger or sorrow can have negative effects on our health if we do not react appropriately.

**Coping with stress** is about recognising the sources of stress in our lives, recognising how this affects us, and acting in ways that help to control our levels of stress. This may mean that we take action to reduce the sources of stress, for example, by making changes to our physical environment or lifestyle. Or it may mean learning how to relax, so that tensions created by unavoidable stress do not give rise to health problems.

Inevitably, cultural and social factors will determine the exact nature of life skills. For example, eye contact may be encouraged in boys for effective communication, but not for girls in some societies, so gender issues will arise in identifying the nature of life skills for psychosocial competence. The exact content of life skills education must therefore be determined at the country level, or in a more local context. However, described in general terms, life skills are being taught in such a wide variety of countries that they appear to have relevance across cultures” (WHO, 1997).

WHO's initiative is indeed laudable and it has been able to inform and influence the world on the importance of developing life skills among students. It is indeed a life-long process to mature and handle issues of life confidently. It is very important to realise that school education plays a crucial role in life skills development as everything happens by design in any school. It exposes students to varied experiences in the formative years and it has lot of advantages and perhaps in this endeavour school has a vantage point. Further, as proposed by WHO, Life skills are generic skills. It means, they are neither grade specific nor stage specific. It means life skills can be taught to children of any age and at any stage. They also need to be developed among adolescents.

Life skills education programme has been found to be effective in different settings “including programmes for the prevention of substance abuse (Botvin, et. al. 1980, 1984; Pentz, 1983) and adolescent pregnancy (Zabin et al. 1986; Schinke, 1984), the promotion of intelligence (Gonzalez, 1990) and the prevention of bullying (Olweus, 1990). Educational programmes teaching these skills have also been developed for the prevention of AIDS (WHO/GPA, 1994; Scripture Union, undated), for peace education (Prutzman et al., 1988) and for the promotion of self-confidence and self-esteem (TACADE, 1990). Teaching life skills in this wide range of promotion and



prevention programmes demonstrates the common value of life skills for health promotion, beyond their value within any specific programmes.”

***Life Skills as an Integral Part of Adolescence Education:***

According to NPEP (2010) "the revised framework of Adolescence Education incorporates life skills as one of the competencies, **perhaps the most critical competency** developed and inculcated through education. It is generally believed that a person who is educated is equipped with all the needed abilities including life skills. But in reality this does not happen. Knowing *what* needs to be done or knowing *what* needs to be changed does not mean that the learners automatically know *how* to bring about behaviour changes. It is the Life skills that, if properly developed, provide the know-how and the tools to actualize behaviour change.

Life Skills in this context need to be defined ***as psycho-social abilities that enable individuals to translate knowledge, attitude and values regarding all the concerned issues into action.*** These may not be confined to only those related to health, mental health, sexual development, HIV and AIDS and Drug abuse. Life skills development empowers learners to observe the process involving ‘*what* to do, *why* to do, *how* to do and *when* to do’. It encompasses the ability to build sound, harmonious relationships with self, others and the environment, the ability to act responsibly and safely, the ability to survive under a variety of conditions, and the ability to solve problems."

Under approach framework, NCERT (NPEP 2010) holds that “it is important to note that life skills development does not mean development of skills afresh by a set of educational interventions at a particular point of time. Life skills development is an integral part of the all-encompassing process of socialisation that continues throughout human life. School education is an integral part of this process. In fact, individuals apply the acquired life skills in different contexts differently. An individual may have acquired a life skill and she/he may also be equipped with the ability to apply that skill in a context that is fundamentally different from adolescent reproductive and sexual health. For example, an adolescent may be applying thinking skill or communication skill very effectively while interacting with her/his teacher or even peer group during a discussion on say, globalization or environmental pollution, but she/he may not have the ability to apply those skills on an issue related to sex and sexuality or negative peer pressure. ***Life skills development, therefore, may be more aptly defined as a process of acquiring the ability to apply concerned skills in the specific context and not the development of that skill afresh.***

Since life skills are generic by nature, an educational intervention aimed at the development of ability to apply them may be effective only when it is focused on the specific **context**. The intervention may have to be designed and operationalized differently for different contexts, more particularly for a culturally sensitive context like adolescent reproductive and sexual health

## Issues, Problems and Possibilities of Life Skills Education for School Going Adolescents

concerns. It needs interventions to focus on acquisition of authentic knowledge, development of positive attitude, and empowerment for avoidance of risky behavior.

The design of educational intervention has to take note of the **content** area and also specific life skills. Since most of the contents of adolescence education are very sensitive, interventions need to be well conceived for doing justice to the content. Contextually relevant and age appropriate contents should be focused on. It is important to exactly identify which life skills are to be focused and also the reasons for doing so.

In order to organize educational interventions for life skills development effectively, it is important to identify curricular as well as co-curricular **activities** that have the potential for developing skill application ability. Certain specific activity will be more appropriate than others in respect of a particular life skill. For example, role play can be very appropriate in respect of negotiation skills or interpersonal skills or skills related to empathy. One activity can be organized to attain different objectives. It is the **process** of organizing that activity that makes a fundamental difference by providing exact direction for attaining the desired objective. Group discussion may be able to attain knowledge, understanding and even attitude related objectives, but if it is to attain skill development related objectives, it has to be planned and conducted according to a particular process that sustains its focus throughout on skill development. Since life skills development primarily depends through the mode of experiential learning mode, the process of involving learners in the activity is very important.”

WHO (1997), proposes that life skills education as **generic skills** should include practice of skills in relation to major health and social problems. Life skills lessons should be **combined with health information**, and may also be combined with other approaches. As regards the **methods**, it proposed that life skills should build around own experiences and experiences around them. Life skills sessions should involve dynamic teaching and learning process. The methods could include **brainstorming, role play, games and debates**. It further proposes that life skills education programme for adolescents could cover concerns related to the **prevention of drug abuse and teenage pregnancy, the promotion of mental well-being and cooperative learning**. Ideally, life skills education should begin early before the influence of negative patterns of behaviour and interaction. The school is an appropriate place for the introduction of life skills education because of:

- the role of schools in the socialization of young people;
- access to children and adolescents on a large scale
- economic efficiencies (uses existing infrastructure);
- experienced teachers already in place;
- high credibility with parents and community members;
- possibilities for short and long term evaluation.

## Issues, Problems and Possibilities of Life Skills Education for School Going Adolescents

In a school situation, it is important to secure long term plan, support and resources for life skills education. Life skills education needs to be provided from the beginning. Therefore, life skills education programme will require training packages/ teaching manuals. This investment is desirable and necessary. Since life skills programme are to be used for the promotion of health and wellbeing, it should cover all children and adolescents, rather than as an intervention aimed only at those already at risk or who already have problems. Adolescents seem to be most vulnerable to behaviour-related health problems.

The above issues relating to Life skills education has caught the attention of different countries of the world. It is also bearing fruits. In a vast country like India, there is a need to introduce life skills education programme by preparing the system sufficiently. However, there are certain problems in the introduction of life skills education in India.

### **PROBLEMS INVOLVED IN THE INTRODUCTION OF LIFE SKILLS EDUCATION:**

There are problems involved in the introduction of life skills education and as a result, it has not taken roots in this India as much as it should have. There are variations in understanding and handling life skills by different people differently. Some of them are elaborated. **These are the personal views of the author.**

*(a) Conceptual and procedural issues:* It is not out of place to say that there are indeed conceptual and procedural issues associated with life skills education. Different people involved with life skills education programme view them differently. Even though there are only 10 life skills proposed by WHO, it has been stretched beyond also. WHO proposed that life skills are generic skills. It should mean that they are not age-specific or stage-specific or gender-specific. But, there are packages meant for specific classes! In terms of procedures too different people follow different procedures. There are attempts to develop more than one skill in one activity too! Thus there are conceptual and procedural issues associated with life skills education. There is a need to harmonize these issues.

*(b) Stand alone v/s Integrated approach:* Another very big issue is in treating life skills education programme as either stand alone or to develop in an integrated approach. There are two groups of thought. Developing life skills as stand-alone can have a structured format. While proposing life skills education as an integrated approach has its own basic issues. Since class room teachers are so heterogeneous in nature and teaching styles differ so much, expecting an integrated approach becomes very difficult to achieve. There cannot be any one method in which teachers can be enabled to integrate. Developing any training strategy for a wide variety of teachers teaching different subjects on integrated approach also becomes too difficult. Ideally, all teachers need to understand the significance of developing life skills and use it appropriately in their teaching learning activities. They would be able to do it once they understand all issues surrounding life skills education programme. One can make some exemplars also. BUT

preparing training packages for teachers on how life skills can be developed in an integrated manner amount to restricting teachers to move from a natural style of transaction to an artificial style. This is the danger it may have. Therefore, training teachers at the first level to understand issues surrounding life skills education could be done using a stand-alone and dedicated training package. The integration issues should be left to the teachers themselves.

*(c) Life skills education as an ancillary programme:* Many managements view life skills education as an ancillary programme. Achieving highest marks or CGPA in board examination is real achievement for many. Any activity which can take away time from this goal of marks or grades become ancillary. The obsession with marks/grade oriented education system does not consider anything other than that as substantive. Thus, it becomes ancillary! This attitude must change. There is also a need to persuasively negotiate with all the managements about the objective of working towards all-round development of children as education. In this context, life skills education must find its legitimate place and dignity in the scheme of things.

*(d) Lack of consensus of Life Skills Education Programme (LSEP):* There is no consensus about Life Skills Education programme in the country. As a result different packages are getting generated. There is a need for consensus on many issues of life skills education programme. Professional organizations can do it. This is the need of the hour. There is a need for a national consultation on conceptualising and executing life skills education programs. Once, a national model is achieved, it needs to be disseminated widely so that more and more students can benefit. This should be a national priority. In fact this could be one of the recommendations of this conference.

*(e) LSEP has taken off differently already:* Since Life skills Education programme has already taken off differently by different persons/ organizations/NGOs. It may not be easy to bring in consensus, unless it is initiated at the national level. In the name of life skills education programmes many activities are taking place. There are variations at different levels. **How I wish I was wrong.**

*(f) LSEP needs acceptable mandate and methodology at national level:* It is necessary to have a national acceptable mandate of the life skills Education programme in the country. In the fitness of things, I have no hesitation in reiterating that, there is a need to have a national level consultation about bringing a training model at the nation level. **There is also a need to suggest methodology which is doable by all teachers in the country without demanding any additional resources.** The sooner it is done, the better it is for the country. Therefore, finding out solutions to the above problems need to be done urgently and it should be construed as an agenda for needed reforms in this area.

**Part B: Possibilities of Life skills Education for school going adolescents**

Keeping in view the broad objectives of adolescent education programme, WHO's concerns about life skills education and the problems discussed above, there is a need to discuss the possibilities of life skills education programme logically and persuasively. Perhaps, the following dimensions would help us to synthesize the possibilities.

- (a) Common philosophical premise:** WHO has proposed that life skills are to be construed as **generic skills**. Therefore, they can neither be age/stage specific nor class/gender specific. Further, **ALL children** need to be trained for life skills. **It is important to note that no skill can be developed per se.** There is a need to study different components underlying each skill which need to be carefully delineated and activities are to be planned around them. Life skills education programme need to satisfy the above premise.
- (b) Non negotiable principles:** Some of the non negotiable principles could include the following.
- (i) **No skill can be developed per se.** They need to be broken down into **components**. Each component needs to be operationally defined in the context of the skill. Development of each component has to be concern over a period of time.
  - (ii) For each component, **a number of interventions** need to be planned.
  - (iii) The proposed interventions must be **easily doable by all teachers** without any requirement of extra resources. Therefore, some of the common interventions could include **Brain storming activities, Role plays and Group discussions**.
  - (iv) A **common basic training package** needs to be developed with national level approval for wider use.
  - (v) The training package needs to be developed for **key resource persons and teachers for the first level**.
  - (vi) A training package and training in a certain way meant for integration of life skills into every day teaching learning would amount to robbing the teacher initiatives in developing life skills through subject teaching.
  - (vii) The training package must be a **generic package** which could be used for all children at all levels.
- (c) Easily doable methodology:** The present author believes that there are three levels of conceiving life skills training package. The **first level** training package must aim at exclusively introducing different life skills and their components. This should be meant for master trainers and teachers. After they understand and develop some clarity and conviction, at the **second level**, teachers can conduct exclusive classes to develop life skills among school students periodically, for all the classes, on all the life skills, at varying levels of issues and concerns that the children may easily be involved. At the **third level**, as a natural consequence of understanding and working towards development of life skills in life skill classes, with all needed conviction, teachers could try to integrate

them in different school subjects as they feel fit. This way, life skills education could be meaningfully achieved in all schools, for all children.

- (d) **Impact Assessment issues:** An equally important concern in Life Skills Education Programme is the assessment of the impact of the life skills education programme. It is desirable and necessary that at the end of different periods of life skills education programme, they also need to be assessed. Ideally, students could be assessed at the basal level before mounting the life skills education programme. At different stages of the life skills education programme they could be assessed for the rate of change among them. It implies that there must be a **set of assessment tools for each of the skills**. Since, the entire life skills education programme covers all students at all levels, the tools must be amenable for administration at all levels. In fact, it is ideal that the training package could comprise the assessment tool also.

### ***Proposed Components and Processes of Life Skills***

The present author has used the following components of life skills in his training package (Murthy, C.G.V. and Rao, A.V.G. 2005). Different components enumerated are also operationally defined in the context of a skill. There are occasions certain components are present in more than one skill also. What is to be appreciated is that all the components acquire different relevance under the context of different skill.

## **DECISION MAKING**

### ***Operational definitions of Components:***

- 1. Emotional Stability:** is the ability to manage emotions and remain calm in any decision-making situation.
- 2. Objectivity:** is the ability to describe decision-making situations/problems exactly as they are without being influenced by one's own or others' feelings, opinions and beliefs.
- 3. Self-knowledge:** is the ability to make a realistic analysis of what one is capable of doing and what one is not capable of doing before making a decision.
- 4. Knowledge of the situation:** is the ability to describe the context of the decision-making situation as well as its elements and their inter-relationships.
- 5. Analytical Ability:** is the ability to identify elements of the given decision-making situation by analyzing it.
- 6. Divergent Thinking Ability:** is the ability to think of diverse courses of action in any decision-making situation.
- 7. Synthetic Ability:** is the ability to synthesize different available possible courses of action and to generate one's own course of action in decision-making situations.
- 8. Anticipation of consequences:** is the ability to predict the possible consequences of choosing a possible course of action.

- 9. Logical Thinking:** is the ability to think systematically and sequentially using valid principles of logic.
- 10. Rationality:** is the ability to take decisions or arrive at a conclusion on the basis of valid reasons or logic and NOT impulsively or by trial and error or on the basis of one's own feelings, opinions and beliefs.
- 11. General Intelligence:** is the general mental ability to understand, think, learn and apply relevant procedures in decision-making situations.

**Process of Decision Making:** There are different models which propose different decision making processes. Only four models are listed below. Any model can be used for developing decision making skills through different interventions of different components.

<p><b>Example 1</b> (Debord,K. and Canu,R.F. 1997)</p> <ol style="list-style-type: none"> <li>1. Identify the problem.</li> <li>2. Gather information about the problem and your options.</li> <li>3. List your options.</li> <li>4. Write down the things that are not important to you in making your decision.</li> <li>5. List 'pros &amp; cons' about each option.</li> <li>6. Compare your list of 'pros' &amp; 'cons' for each option with the things most important to you. Decide on the best overall solution.</li> <li>7. Make your decision.</li> </ol>	<p><b>Example 2</b> (Robert, H. 1998)</p> <ol style="list-style-type: none"> <li>1. Identify the decision to be made together with the goals it should achieve.</li> <li>2. Get the facts.</li> <li>3. Develop alternatives.</li> <li>4. Rate each alternative.</li> <li>5. Rate the risk of each alternative.</li> <li>6. Make the decision.</li> </ol>
<p><b>Example 3</b> (Mahalingam. 2004)</p> <ol style="list-style-type: none"> <li>1. Define the problem.</li> <li>2. Re-evaluate the situation.</li> <li>3. Gather information.</li> <li>4. Think of alternatives.</li> <li>5. Choose an alternative.</li> <li>6. Put your decision to work</li> </ol>	<p><b>Example 4</b> (Arshram,H. 1996)</p> <ol style="list-style-type: none"> <li>1. Identification of the problem.</li> <li>2. What is the goal?</li> <li>3. Possible actions.</li> <li>4. Predict outcome.</li> <li>5. Pick the best alternative.</li> <li>6. Implement the decision</li> </ol>

## PROBLEM-SOLVING

**Operational definitions of Components:**

- 1. Self knowledge:** is the ability to understand and learn about one's own capacities, emotionalities, and actions in dealing with problems in various situations of life.
- 2. Positive attitude:** is the ability of being hopeful and confident of approaching the problems in life.

## Issues, Problems and Possibilities of Life Skills Education for School Going Adolescents

3. **Divergent thinking:** is the ability to think in multiple ways, views and manage a problem from different perspectives.
4. **Objectivity:** is the ability to view one's own problem from a third person's perspective as they are.
5. **Rationality:** is the ability to solve problems based on reasons and logic than using crude methods or trial and error.
6. **Logical thinking:** is the ability to understand and deal with the problem in a systematic and orderly fashion.
7. **Analytical ability:** is the ability to break down and understand various aspects / components of the problem.
8. **Synthetic ability:** is the ability to put together and understand various aspects / components of the problem.
9. **Anticipation of the consequences:** is the ability to infer/foresee the after-effects of the problem and / or the possibilities of the success/failure of the strategies used in the management of the problem.

**Process of Problem Solving:** There are different models proposed by different people. The model proposed by Powell (1992) is as follows.

Powell has suggested 5 Stages of Problem Solving.

- (a) Identifying and defining clearly what the problem is.
- (b) Brainstorm.
- (c) Decide which options are realistic and unrealistic from the list made in stage 2.
- (d) Choose the option that is both most rewarding and feasible.
- (e) Prepare and plan strategies for the accomplishment of chosen option.

## CREATIVE THINKING

**Operational definitions of Components:**

1. **Divergent Thinking:** is the ability to think in different ways on one issue.
2. **Innovativeness:** is the ability to think in new ways of doing things, different from the routine ways, which is cost-effective if implemented, and worthy of emulation.
3. **Novelty:** is the ability to generate new ways of thinking which the individual / group had not used in the past.
4. **Fluency:** is the ability to generate fluently many ideas about a situation without any discontinuity of thoughts.
5. **Flexibility:** is the ability to shift perspectives while thinking and generate as many as ideas as possible.
6. **Originality:** is the ability to think very differently from the large majority of people on different social situations, disregard of their social approval.
7. **Elaboration:** is the ability to think in such a way where one is capable of expanding different issues to different proportions in a connected manner.



8. **Unconventionality:** is the ability to think very differently from the practiced conventional ways of thinking by the group on any issue of social life.
9. **Independence:** is the ability to think without being influenced by the views of others.

**Process of Creative Thinking:** Wallas (1926) described a four-stage theory of creativity. They are as follows.

- a. Preparation
- b. Incubation
- c. Illumination
- d. Verification

## CRITICAL THINKING

**Operational definitions of Components:**

1. **Analytic and synthetic abilities:** are the abilities to analyse different components of a social and personal situation and put them together meaningfully in order to understand the situation better by weighing different pros and cons.
2. **Objectivity:** is the ability to analyze social and personal situations based on pros and cons dispassionately by delinking personal feelings and subjectivity.
3. **Anticipation of consequences:** is the ability to anticipate the consequences of any line of thinking in social and personal situations.
4. **Intelligence:** is the general ability to weigh the strengths and weaknesses of any situation in the process of its understanding.
5. **Logical Thinking:** is the ability to think and reason systematically on all social and personal situations of life based on objective principles. The two methods of reasoning include inductive and deductive modes.

**Process of Critical Thinking:**

- a. Perception of the situation
- b. Analysis of the situation (logical)
- c. Evaluation of situation for merits and demerits/ Pros and cons
- d. Anticipate consequences
- e. Reaching a conclusion (Murthy, C.G.V.2005)

## EFFECTIVE COMMUNICATION

**Operational definitions of Components:**

1. **Analytic ability** – is the ability to analyse different components of a piece of information, in order to understand its content.
2. **Synthetic ability** - is the ability to integrate different pieces of information available in different domains, thereby creating a meaningful picture of different sets of information into an organized whole.

- 3. Expressive Skills** – is the ability to present one's thoughts / ideas / feelings as effectively as possible through the use of spoken or written language apart from/along with the use of gestures.
- 4. Non-verbal Skills** – is the ability to express and understand thoughts/ideas/feelings through body postures, facial expressions and actions without the use of language.
- 5. Postures** – is the general way of holding the body, especially back, shoulders and head when standing, walking or sitting which keep conveying some meaning.
- 6. Gestures** – is the ability to use the movement of the body appropriately, especially hands and arms to enhance the intent of communication.
- 7. Presentation** – is the ability to express thoughts /ideas /feelings formally as suitable to the demands of different types of situations.
- 8. Assertiveness** – is the ability to put across one's views persuasively with a strong sense of conviction.
- 9. Creativity** - is the ability to use different alternative ways to reach out to people suitably and successfully.
- 10. Objectivity** - is the ability to participate in a communicative situation without any preconceived notions about persons involved or the content of communication.
- 11. Sensitivity** – is the ability to be sensitive to the feelings of others in social situations in order to communicate effectively.
- 12. Patient Listening** – is the ability to receive auditory inputs with full respect in a sustained manner in any conversation, without interrupting others until they are completed.
- 13. Imaginability** – is the ability to foresee consequences of a communicative situation, which enables one to modulate the communication suitably.
- 14. Reacting on the spur of the moment:** is the ability to react to any situation instantaneously, making sense.

***Process of Effective Communication:***

- a. Identifying the need for communication:.
- b. Thinking of suitable medium for communicating: language, gestures, audio-visual support etc.
- c. Encoding the messages in the medium identified:
- d. Planning support system:
- e. Presentation:
- f. Observing and looking for feedback:
- g. Modifying the encoded message so as to overcome the gaps observed in the first attempt at communicating:
- h. Modifying the encoded message so as to overcome the gaps observed in the first attempt at communicating: (Kumaraswamy, H. 2005)

## INTERPERSONAL RELATIONSHIP

### *Operational definitions of Components:*

1. **Empathy:** is the ability to feel with others in social situations which can lead to the development of good interpersonal relationships.
2. **Sympathy:** is the ability to feel for others in social situations which can lead to the development of good interpersonal relationships.
3. **Sensitivity:** is the ability to be sensitive to the feelings, emotions and needs of others in social situations which can lead to the development of good interpersonal relationships.
4. **Tolerance:** is the ability to endure and respect feelings, views, attitudes etc, of others in interpersonal interactions irrespective of our agreement or disagreement on them.
5. **Positive Attitude:** is the ability to see the positive aspects in others and appreciate them in interpersonal relationships.
6. **Accepting others as they are:** is the ability to accept others with their strengths and weaknesses as it exists without showing any personal bias or prejudice about them in interpersonal relationships.
7. **Reciprocity:** is the ability to demonstrate a healthy attitude of give and take in social situations with others while interacting.
8. **Etiquette:** is the ability to show behaviour that is appropriate to different social situations which can earn respect and facilitate good interpersonal relationships.
9. **Healthy Distance:** is the ability to take only that much of liberty as the relationship empowers and demands and not misuse the liberty between any two individuals in any social situation.
10. **Lack of Prejudices and Stereotypes:** is the ability to interact with people without being governed by preconceived notions about individuals /groups in any social situation.
11. **Effective Communication:** is the ability to express the thoughts and feelings in non-threatening ways.

### *Process of Interpersonal Relationships:*

- a. Willingness based on some assessment
- b. Positive Attitude
- c. Effective Communication
- d. Etiquette
- e. Sensitivity
- f. Accepting others as they are
- g. Reciprocity
- h. Healthy Distance (Dhanya, P.V.P. and Rao, A.V.G. 2005)

## SELF AWARENESS

### *Operational definitions of Components:*

1. **Identifying strengths and weaknesses:** is the ability to identify one's own strengths as well as weaknesses without any personal bias or prejudices.
2. **Objectivity:** is the ability to understand one's own strengths, weaknesses, emotions and feelings against a set of criteria.
3. **Introspectionability:** is the ability to assess one's own behaviour for their appropriateness or inappropriateness /adequacy or inadequacy shown in different life situations.
4. **Accepting self as it is:** is the ability to accept one's own self as a whole, in terms of his/her strengths and weaknesses, which makes the person unique.
5. **Openness:** is the ability to welcome thoughts or opinions from others if they are useful, despite they being contradictory to one's own initial conviction or belief.
6. **Reflectivity:** is the ability to use processes of seeing, understanding, pausing and evaluating one's own self in relation to his strengths and weaknesses in order to improve one self.

### *Process of Self Awareness:*

- a. Develop objectivity in life:
- b. Avoid being narcissistic:
- c. Learn to be realistic in life:
- d. Assess your own strengths and weaknesses:
- e. Shun developing complexes about yourself:
- f. Verify your traits based on different evidences:
- g. Accept yourself with all positive and negative attributes: (Murthy, C.G.V. 2005)

## EMPATHY

### *Operational definitions of Components:*

1. **Sensitivity:** is the ability to sense the feelings, needs, emotions and actions of other people in social situations.
2. **Objectivity:** is the ability to assess the requirement of assistance to others in need, in society, excluding one's own personal biases and prejudices towards the individual or the group.
3. **Social Inclination:** is the ability to develop and show the attitude that as a member of the society one has to do something for the welfare of the society and its members as and when situation arises.
4. **Social Responsibility:** is the ability to feel responsible for the society by way of understanding the feelings, needs, emotions and actions of people in a social situation and also contribute to the welfare of society and its members.
5. **Social Obligation:** is the ability to feel that it is one's duty to understand the feelings, needs, actions and emotions of people in society where one lives and extend help voluntarily in different situations without even being asked for.

***Process of Empathy:***

- a. Perception of the situation
- b. Analysis of the situation
- c. Action / Decision about the involvement (Herle, N; Nagaraja, C.G. and Murthy, C.G.V.2005)

**COPING WITH EMOTIONS**

***Operational definitions of Components:***

- 1. Recognising:** is the ability to identify or become aware of one's own feelings, the course or origins of those feelings.
- 2. Empathy:** is the ability to feel with others in different emotional situations.
- 3. Sympathy:** is the ability to feel for others in different emotional situations.
- 4. Objectivity:** is the ability to understand the emotions as they are and not based on personal biases.
- 5. Emotional Intelligence:** is the ability to identify one's own feelings, feelings of others, regulate one's emotions and handle situations involving different emotions.
- 6. Self-Awareness:** is the ability to be aware of internal changes and different reactions given to different emotional situations in social and personal situations.
- 7. Analytic and Synthetic ability:** Analytic ability refers to evaluating the situation in terms of what has led to the emotional situation, and what would be the likely result. Synthetic ability refers to the ability to organise and use the appropriate emotions in response to the emotional situations.
- 8. Sense of Proportion:** is the ability of an individual to be aware of the intensity of his emotional reaction and be able to sense whether the same is required for the situation.
- 9. Emotional Shock Absorbers:** is the ability to withhold any emotional shock potential of disturbing the individual directly, by trying to be non emotional, rational and capable of understanding the sources and meaning of emotionally disturbing news.
- 10. Resilience:** is the ability to recover quickly from any emotionally disturbing situation and get back to mental cheerfulness.

***Process of Coping with Emotions:***

- a. Recognition that an emotion has impacted on the individual.
- b. Analysing the situation objectively
- c. Retaining a sense of proportion
- d. Analysing one's abilities and inabilities
- e. Using emotional shock absorbers
- f. Resilience (Venkatesan, S. 2005)

## COPING WITH STRESS

### *Operational definitions of Components:*

- 1. Recognisability:** is a group of abilities to identify or become aware of one's own feelings of stress, the course or origins of that experience of stress, an appraisal of the barriers or obstacles that seemingly impede resolution of the stress as well as setting of goals appropriate and adequate for bringing about a relative end to ongoing stressful experiences.
- 2. Planning ability:** is a group of abilities to draw blueprints or schemes for enabling short term or long term future courses of action by including effective consideration towards the act, manner or practice of handling time constraints within the gamut of planning for coping or bringing about a relative end to ongoing stressful experiences.
- 3. Objectivity:** is an ability to be in a state, quality or an attitude of being impersonal, external or uninvolved to a problem or situation being examined or under focus.
- 4. Empathy:** is an ability to develop identification with or understanding of another person's situation, feelings and motives.
- 5. Resilience:** is the ability to maintain mental cheerfulness by recovering quickly from change or misfortune.
- 6. Reality Orientation:** is the ability to perceive or be aware of the objective world in relation to one's self across place, time or person.
- 7. Self-awareness:** is the ability to develop realization of oneself as an individual entity or personality, including one's feelings, traits or behaviours covering both good and bad.
- 8. Relaxationability:** is the ability to rejuvenate or refresh one's body and mind so as to bring it back to an optimal state of functioning.
- 9. Entertainability:** is the ability to amuse, please or indulge in diversions that enables the individual to get back to optimal state of functioning.
- 10. Stability:** is the ability of being constant, firm, steadfast and resistant to change.

### *Process of Coping with Stress:*

- a. Recognition that stressor has impacted the individual
- b. Recognizing the source of stress
- c. Understand stress
- d. Assessing the extent of the intensity of stress
- e. Reality orientation
- f. Identify what can make the individual relax
- g. Try relaxation activities and learn to handle stress (Venkatesan, S. 2005)

The above operationally defined components can provide clarity, which need to be understood as basic bricks of skill development activity. For each of the components, a number of interventions need to be developed. **The choice of the interventions/ techniques must be such, which are**

**doable by all teachers.** Keeping in view this and the suggestions given by the WHO, different interventions are to be selected.

***Techniques of developing Life Skills?***

Development of life skills can be effectively done using different techniques. WHO recommends brainstorming and Role-play. Both need to be followed by discussion.

**(A) Brainstorming:** is a technique widely used in different contexts and one such is in the development of life skills. It is a technique, where, all the members of a group will have a common topic on which, they can discuss freely. There is an initiator for this. In a school context, it could be a teacher. While different ideas are being given out by participants, no value judgment is made, no comments are passed, no agreements or disagreements are suggested, and no appreciation is shown to any of the issues. The task of the facilitator is only to pool as many ideas as given by members. After, the group feels that it has exhausted the entire set of issues expressed, it could then be put to discussion. For example, there is a problem for which a group might feel like subjecting it to brainstorming to pool all possible solutions. In this process;

- (a) Identify all those issues, which are not realistic and possible in practical situation.
- (b) Rearrange ideas so that it gives some order, sequence or trend about an issue.
- (c) Arrive at the consensus of all the members on the rearranged set of issues.

**(B) Role Play:** Role play is yet another technique used in different contexts and one such is in the development of life skills. Role play is a technique where a group of people or students in a school context are encouraged to enact a small skit based on a theme or script. In this process children develop certain views about the worth of the context. When the role-play is enacted, the entire class watches the play. A specific situation is depicted. After this enactment, involve all the students in discussion. Discuss the content and central feature of the role-play, focus discussions on the skill and the specific component of the life skill. This enables students to understand the importance of the skill. It makes them think about the concern of the skill and enables them to work towards it. Therefore, it not only sensitizes one to skill but also provides opportunity to develop when students are exposed to many such role-play situations.

**Epilogue:** Life Skills Education has indeed attracted the imagination of many concerned professionals and institutions. Perhaps since the WHO's initiatives, India could have taken a definite stand on the role of life skills education in school education. Consequently, there are different views and interpretations of life skills education in the country. Perhaps it is not too late to take a call on building consensus towards bringing a certain kind of common understanding of how life skills needs to be promoted in the country.

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### Issues, Problems and Possibilities of Life Skills Education for School Going Adolescents

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## Promoting usage of ICT in Open and Distance Education Programs

Dr. G. Vasudevaiah<sup>1\*</sup>

### ABSTRACT

The idea of widening access to education, promoting independent and lifelong learning and adopting new methods to delivery of education is prominent in the goals of education in India. To facilitate human resource development in the country and widen access to education at all levels, the educational policy of the country has emphasized the promotion of use of ICT in its distance education programs. With the support of information and communication technology, thousands of people from remotest parts of countries have been able to access education through distance learning. The traditional method of education occurs in personal contact between the teacher and the learner in the classroom setting. This is anchored in the reality that teaching and learning take place at same time and same place. With the introduction of communication technology it has become clear that formal, informal or non-formal teaching and learning at the higher level could also be done via technology. This paper focuses on the concept of ICT and how it is useful in open and distance learning and also discusses about various problems in usage of ICT in open and distance learning.

**Keywords:** *Open And Distance Learning, ICT, Learning Methods.*

In distance learning system, learners are crucial to the institution and are in large scale. It is difficult for a learner to visit the institution every day to get a service/support as available in a conventional system and at same time, it is even difficult to the institution itself to provide various services to the learners at different stages of a student learning life cycle, due to limited human resource available. Information and Communication Technology (ICT) is a prime resource to overcome such barriers. Information and communication technology is group of technologies by which various support services shall be provided at different phases of student learning life cycle in distance learning. The various phases are the admission phase, the learning phase, the evaluation phase and the certification phase.

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<sup>1</sup> Teaching Assistant, Dept. of Adult, Continuing Education & Extension, Sri Krishnadevaraya University, Ananthapuramu, India

\*Responding Author

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### ***Concept of Information and Communication Technology***

Information and Communication Technology (ICT) has become most widely used instrument. It has influenced all walks of life of human beings. ICT is the modern method of gathering, storing, manipulating, processing and communicating desired types of information in a specific environment. ‘Computer technology’ and ‘Communication technology’ are two main supporting pillars of this technology and the impact of these two in the information storage and dissemination is crucial. It is impossible to reduce its importance in the educational, cultural, agricultural, scientific and technical aspects of the world. Information needs are increasing day by day and in the present day society, every person is intending to be information oriented. Information technology has geared up the advancement of major technological innovations. Introduction of ICT has influenced very significantly the work culture not only in our country but also throughout the world. The advancements in the ICT have also brought the offices to home as their work-places. Most of the organizations are changing beyond their own expectations with the help of ICT taking decisions in a more scientific way. Thus fast technological changes definitely accelerate development in all directions.

### ***Advantages of ICT in Distance Education Sector***

The advantages of using ICT in distance education system are as follows:

- 1. Faster and flexible course delivery:** ICT technologies have made it possible to deliver lessons/courses in a faster and easier manner in distance education by using computer-based or internet-based technologies.
- 2. Improved and increased access:** ICTs have the capable to expand access for higher education as well as secondary education among people. ICTs enables distance education institutions to provide knowledge within reach of all. ICTs provide the opportunity of conducting thousands of classes on hundreds of subjects and courses available anytime, at any place, as per the need and convenience of learners.
- 3. Enhanced pedagogical and course design skills:** Pedagogy is the art and science of teaching. Pedagogical knowledge is essential while using ICTs in course delivery at any stage of education. ICTs offer flexibility in an organization and design of courses in a suitable and effective manner that facilitates development of knowledge, skills and competences among learners.
- 4. Educational administration and management:** Various areas of educational administration and management require ICT help at different levels. At school and colleges, at universities, there are different programmes available for registration, digital record keeping of staff and students. Academic Management Information System (MIS), Financial Management Information System, Student or staff database and Examination data base are some examples.
- 5. Enhanced collaboration and interaction:** Usage of ICTs encourages interaction and collaboration between teachers and learners, and among learners in distance education.

## Promoting usage of ICT in Open and Distance Education Programs

Collaboration and interaction among students creates environment for learning. Communication tools like telephones, cell phone, SMS, online forums, chat, blogs, social media platforms and e-mail etc. can made communication and discussion for meaningful learning experience among learners.

- 6. Preparation of teaching learning materials:** With the use of word processing programmes ICTs are helpful for teachers in preparing their own instructional and visual materials. Programmes like Power Point, Paint and Photoshop help teachers to prepare various instructional materials. Internet provides a lot of material and information in searching required subject matter or helping aid.
- 7. Library and information service:** Library and information services are very essential for academic process of an educational institution. Majority of educational institutions arrange ICT facilities in library services for teachers and students accessibility. Bibliographical searches for instructions, learning and research work, accessing online database and repositories. Internet has made library services easier, faster and more efficient.
- 8. Evaluation:** Sending online assignment, questionnaires and submitting responses online, participating in discussion, blogs are modern approaches of evaluations which are being applied successfully with the help of ICTs. MOOCs are one of the best examples for this kind of online learning and evaluation.
- 9. Research:** Research includes Formulation of hypothesis, Preparation of objectives, Data collection, Interpretation and analysis and Reporting as important areas. E-mail, computer programs like MS Word, MS Excel, and Statistical Package for Social Sciences (SPSS) are very useful technologies in the research. Literature review can be performed easily by using online search engines and Meta search engines.

### CHALLENGES TO ICT IN OPEN AND DISTANCE EDUCATION PROGRAMMES:

There is evidence of some technological breakthrough that will support e-learning for distance education. There are however persistent in country challenges which must be noted if the country can make good progress in the promotion of e-learning.

- Access to information and communication technology facilities still remains highly inadequate and distributed not equally throughout the country.
- The capacity of teachers and educators to manage e-learning programs still remains low. While some do not have the adequate skills, others are averse to using ICT.
- There is inadequate collaboration between the various stakeholders and agencies to check duplication and efficient utilization of the few available ICT resources.
- There is insufficient equipment and slow Internet connectivity in most parts of the country.
- There is also unreliable access to electricity in our country etc.

## CONCLUSION

There are many critical issues surrounding e-learning in distance education that need to be addressed in order to fulfill e-learning objectives. These include: Widening access to educational opportunities; enhancing the quality of learning; and reducing the cost of distance education. E-learning is, in all its forms, a relatively recent phenomenon in tertiary education that neither has not radically transformed teaching and learning practices nor significantly changed the access, costs, and quality of tertiary education. As this paper has shown, e-learning has grown at a rapid pace and has enhanced the overall learning and teaching experience in developed countries with less use demonstrated in developed countries, like India, due to high cost of power generation and access to ICT facilities. While e-learning has not lived up to its most ambitious promises to stem radical innovations in the pedagogic and organizational methods of the tertiary education, it has quietly enhanced and improved the traditional learning processes. Most of the organizational and institutions, especially in developing countries like India, are still in the early phase of e-learning adoption, characterised by important enhancements of the learning process but no radical change in learning and teaching. Hence, if we give more importance to ICT in Open and Distance Education Programmes, learners can benefit the fruits from e-learning.

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## Stigma in the Social Life among Mothers Having Children with Intellectual Disabilities: Challenges and Suggestions

Rajesh Kumar Mourya<sup>1\*</sup>, R. N. Singh<sup>2</sup>, Ashok Rai<sup>3</sup>

### ABSTRACT

This study examined the role of severity of children's intellectual disability and perceived stigma in restriction in social life among the parents of such children. The correlational research design was used for this purpose. The sample for the study consisted of fifty one mother having intellectually disabled children of varying degree, aged between 3 to 15 years. The participants were sampled from different rehabilitation centers and special schools at Varanasi. They were administered Personal Care Assessment Form, Perceived Stigma Scale and Restriction of Social Life Scale. Correlation analysis was applied to see the relationship which revealed that the child's activity limitation is significantly positively associated with stigma and restriction in social life. Stigma was also significantly positively associated with restricted social life. This paper highlights the growing need for interventions that include both behavioral and psychosocial components to better address needs of families of children with intellectual disability. It is concluded that there exists a need for future research on culturally sensitive parent training as well as on potentially efficient group-based parent education programs for families of children with moderate to profound intellectual disability.

**Keywords:** *Stigma, social life & Mother of children with ID*

The term intellectual disability (ID) is increasingly being used instead of mental retardation. Mental retardation is defined as a condition of arrested or incomplete development of the mind, which is especially characterized by impairment of skills manifested during the developmental period, which contribute to the overall level of intelligence, i.e., cognitive, language, motor, and social abilities (WHO, 1992). The American Association on Intellectual and Developmental Disabilities (AAIDD) describes ID as characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive

<sup>1</sup> Research scholar, Department of Psychology, BHU, Varanasi, India

<sup>2</sup> Professor, Department of Psychology, Banaras Hindu University, Varanasi, India

<sup>3</sup> Consultant Neonatologist & Developmental Neurologist, Sai Hospital & Secretly, Indian Institute of Cerebral Palsy and Handicapped Children (IICP), Varanasi, India

\*Responding Author

## **Stigma in the Social Life among Mothers Having Children with Intellectual Disabilities: Challenges and Suggestions**

skills. This disability originates before age 18. In general, ID applies to the same individuals who were previously diagnosed with mental retardation in kind, level, type, duration and the need for services and supports. Every individual who is or was eligible for a diagnosis of mental retardation is eligible for a diagnosis of ID (Schalock, Luckasson & Shogren, 2007). The impact of mental retardation is not only on the affected individuals but also on the family members, especially the parents, as they face a lot of challenges in caring of such children.

**Challenges for the parents and families:** The parents and families having ID children face a number of challenges which certainly interferes with functioning and social life.

**Self-blame** – The parents wonder if they did something wrong, during the course of the pregnancy or after birth, while taking care of the child. They wonder if God is punishing them for their sins.

**Stigma**– Many parents might feel that a intellectually disabled child is something to be ashamed of and cannot be allowed out of the house. Neighbors, relatives or others might make cruel remarks about the child and parents might feel isolated and without support.

**Helplessness**– Many parents don't know how to get help for their child once he/she has been diagnosed with I.D. The sense of helplessness comes both from a lack of understanding and scarce resources. It might be further aggravated by the unprofessional handling by the experts.

**Behavior problems**– Many parents find it difficult to handle behavioral problems like screaming, crying, inability to concentrate, aggressiveness, stubbornness etc. that a child with I.D might have, which may become wearisome. Often, the child might not understand how disruptive his/her behavior is to others and why they get angry.

**Unrealistic expectations**– Many times, parents of mentally retarded children are dissatisfied with the slow progress of their child is making in learning new things. These unrealistic expectations of what their child can achieve, it leads to disappointment not only for them, but also in the child who does not understand what he/she is doing wrong.

**Worry about the future**– One of the main concerns of parents with mentally retarded children is about how their children will be taken care of when they die. They feel that no one else can take care of their children with same love and care that they have and they are scared about how their child will manage to survive in the world.

**Marital problems**- Due to the extra tasks that have to be done to take care of the child, parents feel overworked, stressed out and unhappy. The marital relationship can become strained if the parents have diverse approaches in dealing with the child or if one parent has to take care of the child all the time.

All of these challenges are faced by the children and their families, specifically mothers but the most challenging part is stigma, it affects personal, emotional, social and psychological aspect of life. So the presented study is centralized to focus on the stigma of mothers and their children with intellectual disability.

## **Stigma in the Social Life among Mothers Having Children with Intellectual Disabilities: Challenges and Suggestions**

### **Stigma**

The term 'stigma' is used to refer to a mark of social disgrace. Its roots lie in ancient Greece, where *stizein* was a physical mark placed on slaves in order for the public to identify their position and social standing, as indicative of their lower social value. One of the earliest definitions of stigma was offered by Goffman (1963) who described it as an "attribute that is deeply discrediting" reducing the bearer "from a whole and usual person to a tainted, discounted one". Several theorists and researchers have further conceptualized stigma and its dimensions. Social psychologists have defined stigma as comprised of cognitive, emotional, and behavioral aspects known as stereotypes, prejudice, and discrimination. The negative attitudes and stereotypes about a discredited subgroup lead to prejudice and discrimination toward such subgroups (Corrigan, 2000; Corrigan & Watson, 2002). One way to approach understanding stigma is to see it as negative attitudes. In developing a public health oriented model of the process of stigma, Sartorius (1999) suggests that stigma is a cycle of disadvantage. It begins with the condition which manifests into a disability or impairment within society, such that stigma gets linked to the condition as an impairment. This leads to discrimination which can reduce an individual's ability and opportunity for rehabilitation. In turn, such barriers can create a malfunction in the individual's social role, such that the condition and its impairment are more pronounced and the cycle starts again. The public health perspective on stigma is based on an ecological view that includes both individual-level cognitive and emotional determinants, as well as the broader psycho-social and political determinants of stigma. Stigma affects not only individuals who carry the stigmatizing label, but also others who regularly associate with them (Ostman & Kjellin, 2002; Goffman, 1963). For individuals with an intellectual disability, social support most of ten comes from family members who are active participants in their lives and who may themselves become targets for stigma (Phelan, Bromet & Link, 1998; Struening, Perlick, Link, Hellman, Herman, & Sirey, 2001). Disability is often associated with stigma and discrimination. The child's lack of abilities, unique needs and special treatment makes him as well as his family prone to social discrimination because the misconceptions and ignorance related to the disability.

### **Stigma and children/individuals with ID**

Public stigma toward individuals with ID can take several forms. Individuals with ID may be exposed to teasing and stares, and may be avoided by others (Pratt, 2010). Discrimination toward individuals with ID is evidenced through the lack of decent services and discriminatory action within hospitals, such as lack of privacy and an overly restrictive environment (Jahoda & Markova, 2004). Abraham, Gregory, Wolf, & Pemberton, (2002) reported that some persons with an intellectual disability are also aware that they have a condition that is socially stigmatized. They report personal experiences of stigma (Jahoda & Markova, 2004), and may suffer a loss of self-esteem. Also illustrating the discrimination faced by individuals with ID is the use of segregated day services and workshops instead of community-based services



## **Stigma in the Social Life among Mothers Having Children with Intellectual Disabilities: Challenges and Suggestions**

(Siperstein, Parker, Noris, & Widaman, 2011), and the inadequate amount of occupation and choice making opportunities made accessible to individuals with ID (Wehmeyer & Bolding, 1999). Stigma has been cited as one of the potential barriers to the delivery of adequate services to this population (Gill, Kroese, & Rose, 2002), resulting in poorer treatment, rejection, and devalued roles within society (Corrigan, Markowitz, Watson, Rowan, & Kubiak., 2003).. Moreover, discriminatory behaviors lead to the lack of inclusion and social acceptance of persons with ID within local communities as well as the broader society (Jahoda & Markova, 2004).

Many individuals with moderate to mild ID are indeed aware of the stigma associated with their disability (Jahoda, Wilson, Stalker, & Cairney, 2010). These individuals experience the stigma of their social identity through their interactions with others, and this experience is often an emotionally painful one (Beart, Hardy, & Buchan, 2005). Some individuals may even attempt to hide their disability as a way of avoiding stigmatization (Jahoda & Markova, 2004). Further, regardless of level of awareness, individuals may nevertheless still be prone to negative stigmatic treatment and its consequences (Cooney, Jahoda, Gumley, & Knott, 2006).

### **Stigma and parents with ID children**

Most studies conducted looking at family stigma and intellectual disabilities have been qualitative in nature. Based on focus groups and in depth interviews, family members and caregivers reported their experiences of stigma based on their association with the stigmatized individual (Edwardraj, Mumtaj, Prasad, Kuruvilla, & Jacob, 2010). Other studies have found an association between experiences of stigma and experiences of sorrow among parents of persons with ID (Mak & Cheung, 2008; Shin & Nhan, 2009). Given the influence of stigma on the lives of individuals with ID and their families, it is clear that there is a need to advance this body of knowledge and to develop focused interventions to reduce stigma's negative impact as the stigma might place unfair restrictions on the social life of these individuals and their primary caregivers (Green, Davis, Karshmer, Marsh, & Straight, 2005). Mothers are often in the role of primary caregivers for individuals with intellectual disabilities. However, few studies have looked at the experiences of stigma in mothers having child with intellectual disabilities. Perceived Stigmatized experiences are associated with the feelings of hardship, psychological suffering, sleep disturbances, relationship disturbances, poor quality of life and low self-esteem.

In view of the stated facts and review of literature the present study was planned to explore association between stigma and restrictions in social life of mothers in terms of social relationship, activity and interest.

## Stigma in the Social Life among Mothers Having Children with Intellectual Disabilities: Challenges and Suggestions

### **Objectives:**

In view of gaps in this area of research, this study was designed to address the following objectives:

1. To examine the role of functional limitations of children with intellectual disability in restriction in social life among parents of children with intellectual disability.
2. To examine the role of perceived stigma in restriction in the social life of the parents of children with intellectual disability.

### **Hypotheses:**

In the light of the findings of previous studies and theoretical background, the following hypotheses were formulated.

- H1. Severity of the child's disability (functional limitation) would be positively correlated with restriction in social life among the parents of children with intellectual disability.
- H2. Perceived stigma would be positively correlated with restriction in social life among the parents of children with intellectual disability.

## **METHOD**

**Design:** The present study based on correlational design. In this study the severity of the child's disability (functional limitation) and perceived stigma were tapped as the predictor and restriction in social life was measured as the criterion variable.

**Sample:** The sample of the study consisted of 51 mothers with intellectually disabled children of varying degree, aged between 3 and 15 years. The participants were sampled from Deva Integrated Society for Child Care (DISCC) Kamchchha, Indian Institute of Cerebral Palsy and Handicapped Children, Kamala Nagar, Sigra, and Integrated Institute for Disabilities (IID) Karaundi, Varanasi. Age range of the mothers was between 25 to 55 years. The purposive sampling technique was used in collecting the data. Parents, who met the inclusion and exclusion criteria specified below, were selected.

**Inclusion criteria:** The inclusion criteria included parents having a child diagnosed with I.D according to DSM IV-TR (2000) criteria their informed consent to participate in the study and who could understand and speak Hindi.

**Exclusion criteria:** Parents having children with I.D with behavior problems or any neurological conditions, any physical disability, parent who have past or current psychiatric or chronic physical illness and not willing to participate in the study were excluded.

**Tools:** The following tools were used in the present study.

**Personal care Assessment Form (PCAF)** –It is a 12 item tool related to the child's capacity to complete activities of daily living (ADL). It was developed by Phillips et.al (1997). The ADL questions on the PCAF inquire about the child with the disability's need for assistance over the past seven days in several different areas (e.g., bed mobility, eating, transfers, toilet use, personal hygiene, bathing, and continence) using a six point scale

## Stigma in the Social Life among Mothers Having Children with Intellectual Disabilities: Challenges and Suggestions

ranging from total independence to total dependence. Higher scores on the PCAF-ADL indicate less ability to perform ADLs independently and, therefore, more functional impairment. Initial investigations of the PCAF-ADL have shown high internal consistency ( $\alpha = .94$ ).

**Perceived Stigma Scale**—Perceived stigma was assessed with Perceived Stigma Scale. This scale has been developed during research period. It consists of 10 items divided into two domains: avoidance stigma and associative stigma. It is a 5-point type scale, ranging from 0 = ‘never’ to 4 = ‘nearly always’. Item scores are added up to give a total score ranging from 0 to 40, with higher scores indicating high level of perceived stigma. The internal consistency reliability (Cronbach’s alpha) of the scale is 0.72.

**Restriction of Social Life Scale**—This scale was developed during this research. It has 11-items and it assesses the degree to which the stigma of having children with intellectual disabilities limits the social experiences of parents/family members. It provides scores for caregivers’ social activities, social interest and limited and reduced social life. Items are rated on a 5-point Likert type scale ranging from 0 (never) to 4 (nearly always). The scores on this scale range from 0 to 44. The internal consistency reliability of the scale is 0.70.

### Procedure

Subjects fulfilling the inclusion criteria were selected for the study. A written informed consent was taken from them and the objectives and the procedures of the study were explained in detail. The participants for the present study were contacted individually or in small groups consisting of 2 to 3 parents. Self-administered questionnaires were used to gather the data. All participants were requested to ensure that they have responded to each items of every scale. Participants were told that their anonymity and confidentiality will be maintained.

## RESULTS

To ascertain the relationship, severity of children disability with restriction of social life among the parents of children with intellectual disability bi-variate correlation coefficients were computed. The obtained results are displayed in Table 1 and 2.

**Table 1: Coefficients of correlation for child’s severity with Social life restrictions of parents of children ID**

Variables	Social Activity	Social interest	Social restrictions	Overall RSL
Child’s disability severity (Functional limitation)	.174	.022	.635**	.609**

\*\*  $p < .01$  level

## Stigma in the Social Life among Mothers Having Children with Intellectual Disabilities: Challenges and Suggestions

Table 1 shows that child's functional limitation was significantly positively correlated with social restrictions aspect ( $r = .635$ ,  $p < .01$ ) and overall restriction in social life ( $r = .609$ ,  $p < .01$ ). Child's functional limitation was also positively associated with other aspects of restriction in social life, social activities and social interest but not significantly.

**Table 2: Coefficients of correlation for perceived stigma with social life restrictions of parents of children ID**

Variables	Social activity	Social interest	Social restrictions	Overall RSL
Avoidance stigma	.215	-.232	.385**	.317*
Associative stigma	.222	.102	.892**	.873**
Overall stigma	.256	.026	.897**	.861**

\*\*  $p < .01$  level ; \*  $p < .05$  level

Table-2 shows that avoidance stigma was significantly positively correlated with social restriction aspect ( $r = .385$ ,  $p < .01$ ) and overall restriction in social life ( $r = .317$ ,  $p < .05$ ). Associative stigma was significantly positively correlated with social restriction aspect ( $r = .892$ ,  $p < .01$ ) and overall restriction in social life ( $r = .873$ ,  $p < .01$ ) and overall perceived stigma was also significantly positively correlated with social restrictions ( $r = .897$ ,  $p < .01$ ) and overall restriction in social life ( $r = .861$ ,  $p < .01$ ). However, all dimensions of perceived stigma were positively associated with over all aspects of restriction in social life except social interest, being negative relationship.

## DISCUSSION

This study examined the relationships between child's severity, stigma and restriction in the social life of mothers having girl children with Intellectual Disabilities. Some significant relationships between stigma, child's severity and restriction in social life were found. The first hypothesis was that severity of the child's disability (functional limitation) would be positively correlated with restriction in social life among the parents of children with intellectual disability. The severity of the child's disability positively correlated with social restrictions and overall restriction in social life significantly but not with social activity and social interest. This finding suggests that when severity of child disability increases, their mother's social interest, social activity and social life are restricted. They don't have time to participate in social activities, social gatherings and so on. Their entire effort is only directed for their child care, especially if the child is a girl. Because the norm of our society is different for girls, they are expected much more sincere behavior than boys. Their physical and psychological demands are different. So the

## **Stigma in the Social Life among Mothers Having Children with Intellectual Disabilities: Challenges and Suggestions**

caring of disabled girl children puts more physical and mental burden on mothers. It restricts the mother's life socially, mentally and physically. The first hypothesis is, therefore, confirmed. The findings of the present study extend empirical support to Hong, Jin, Nguyen & Lawrence (2012) who reported direct relationship between intellectual disabilities and caregivers' social functioning.

The second hypothesis was that perceived stigma would be positively correlated with restriction in social life among the parents of children with intellectual disability. In the case of stigma it was found that avoidance stigma positively correlated with social restriction and overall restriction in social life significantly and but not significantly with social activity. It was also found that avoidance stigma negatively correlated with social interest. This suggests that when mothers have feelings of avoidance with society, their social life is restricted in many ways, they find it difficult to maintain their social relationships. They feel annoyed and embarrassed in social situation due to their children's activities. They fail to participate in social activities. But negative correlation with social interest suggests that they might be interested to participate in activities like music, dance, games, and other cultural activities. Such activities may be helpful in refreshing their lives.

Associative stigma was positively and significantly correlated with social restrictions and overall restriction in social life and non-significantly with social activities and social interest dimension. This finding suggests that when members of society do not want to maintain their relationship with mothers and their children they totally feel restriction in their social life, which consequently affects their personal, emotional and physical life. The overall stigma was positively and significantly correlated with social restrictions and overall restriction in social life and non-significantly with social activities and social interest dimension of restriction. Therefore, second hypothesis was confirmed. This is in accordance with the results of Mak & Cheung (2008), who reported that stigma is expressed in parent caregivers via restrictions in key social interactions.

### **CONCLUSION**

The findings expand our knowledge concerning how intellectual disabilities limit parents' social functioning and illuminates a critical domain that adversely impacts caregivers' social and psychological experiences. So, it is concluded that child's functioning status and parental perceived stigma are the important factors that determine the caregivers' social functioning. It needs to be addressed properly.

### **IMPLICATIONS**

The findings of the study are important for the implementation of anti-stigma interventions, which might address the specific social domains in which caregivers are affected. The intervention programmes (such as community counselling and parent training) may help caregivers to cope with the various forms of interpersonal discrimination encountered in their

## **Stigma in the Social Life among Mothers Having Children with Intellectual Disabilities: Challenges and Suggestions**

lives. Such cognitive-behavioral intervention techniques and psycho-educational approaches may also encourage caregivers to break patterns of secrecy and withdrawal by confiding in trusted family members. Such an assumption is getting empirical support from the results of the present study. It is expected that this study will spur future researchers to examine the mechanisms underlying the stigma of intellectual disabilities and interventions to reduce their impact on caregivers' social functioning and thus making their social lives more comfortable and happier.

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## Study of Relationship between Emotional Intelligence and Organizational Commitment with Job Satisfaction of Staff of Ebne Sina Hospital by Using the NEO Personality Inventory

Marjan Mohammadian<sup>1\*</sup>, Farnoosh soltanmmohamadi<sup>2</sup>, Farshid ebrahimi<sup>3</sup>

### ABSTRACT

**Purpose:** The purpose of this study was identifying the relationship between emotional intelligence and organizational commitment with job satisfaction of staff of Ebne Sina Hospital. **Method:** For this purpose, NEO personality inventory and Minnesota job satisfaction questionnaires were used and after assuring of reliability and validity, Measuring tool were distributed among 125 sample of staffs of the Ebne Sina hospital. The research method is survey-correlation. **Results:** The results showed that there is a significant positive relationship between emotional intelligence and organizational commitment with job satisfaction of staff of Ebne Sina hospital.

**Keywords:** *Emotional intelligence, Organizational commitment, Job satisfaction, NEO personality inventory, Ebne Sina Hospital.*

One of the main elements and fundamental in any organization is human resources of organization that definitely, regardless of size, internal motivations and desires of people in the organization, it will be difficult to achieve organizational goals. In this way, if organizations pay adequate attention to irritability, the role of various factors in motivating individuals, understanding the various dimensions and angles of staff and explore the capabilities and potential talents of staffs in the arena of the organization, they will be successful. Whatever compatibility and proportionality between personality and jobs is more, it will cause more job satisfaction and whatever compatibility and proportionality was less, it will cause less job satisfaction.

<sup>1</sup> M.A IN Clinical Psychologist, Islamic Azad University kohkiloye Branch, Kohkiloye, Iran

<sup>2</sup> Student of Clinical Psychology, Islamic Azad University (IAU), Garmsar Branch, Garmsar, Iran

<sup>3</sup> PhD Student of Psychology, Kermanshah University, Kermanshah, Iran

\*Responding Author



## **Study of Relationship between Emotional Intelligence and Organizational Commitment with Job Satisfaction of Staff of Ebne Sina Hospital by Using the NEO Personality Inventory**

Job satisfaction as a general feeling of people towards their jobs has a direct impact on the individual, social and organizational life and it plays crucial role in mental and physical health, in contrast, Job dissatisfaction leads to reduction work mentality, performance and endangering the physical and mental health of staffs. The important point in studies of job satisfaction that has ambiguities, contradictions and complexities is determining the role of personality factors in job satisfaction, so that some researchers considered minimal impact on these factors and other researchers emphasize on the role of personality factors on organizational variables such as performance, organizational behavior, leadership and especially job satisfaction and believe that personality factors in dissatisfaction, deformation and leaving job is effective more than low income and talent (Davis and Newstrom, 1995). This relationship is expressed in the theory of Holland in the best aspect. Holland believes that in condition of proportion of job and personality, job satisfaction will reach the highest and Leaving job will reach minimized (Shafiabadi, 2007).

About the importance and necessity of the research should be said that undoubtedly human resources in the health organizations is theirs basic and fundamental assets and any health organization does not reach their goals Unless they use active and united personnel along with the organization's goals. Therefore, recognition of mental and spiritual various aspects of health sector personnel and provide their needs and reduce daily pressures and concerns can help to increase the efficiency and productivity of health and treatment staffs.

Generally job satisfaction study could have three major outcomes:

1. Results of the organization, including increasing of productivity, reducing of transfers and relocation of staff, reducing of absenteeism and increasing of the pleasant working relationship
2. Results of the individual, including more happiness, more self-realization and high mental health and motivation
3. Results of society, including better use of human resources, reducing of psychological problems and increasing of community building and development potential (Nouranipour, 2011)

Also Holland believes that people who have got more and better self-knowledge also will have got better choices and his theory is based on two important principles:

- a) Choice of profession depends on type of personality.
- b) Choice of profession has got direct relationship with one's attitude and orientation.

As mentioned, among the various features, a factor that can help significantly for people in appropriate profession choices is recognition of character. Maddi, knows character as stable set of tendencies and features that determine similarities and differences of psychological behavior (thoughts, feelings and actions) of people and may not be Understandable as a result of

## **Study of Relationship between Emotional Intelligence and Organizational Commitment with Job Satisfaction of Staff of Ebne Sina Hospital by Using the NEO Personality Inventory**

biological and social pressures of time (Maddi, 1989). Character attributes are the first status detection guide of cognitive and emotional of people and effect on the role of social-emotional and interpersonal or job behaviors of people (Moynihan & Peterson, 2001). Psychologists offered various views about the dimensions of personality; including these views can be noted Bernereuter opinion that character has six aspects in it: Tend to nervousness, tend to be with her/himself, introversion-extraversion, bossy-submission, confidence and sociality (According to the Narimani and others, 2007). In psychology all human are identical in terms of having character; this means that everyone has got a character. But this character or self is not the same at all; but in anyone is certain that distinguishes him from others. The difference which people have with each other is so large that two of them cannot be found similar in a specific case. Every human and event is unique. However between humans and life events there are so much similarities that can be considered common points and this patterns of behavior is that they are interested in personality psychology. Personality Assessment is carried out to detect some mental disorders, classification of people for different kinds of work, implementation of scientific research and... . People have needs, expectations, incentives and specific goals based on their personality patterns. On the other hand, organizations also satisfy needs, specific expectations and based on their current goals, tasks and activities. So for each type of character, specific business environment and occupations is appropriate (Gharabaghi, 2003).

Investigation on human characteristics or personality traits as reliable and stable predictor could have a more decisive role in prediction of job satisfaction. Stability and predictability of personality which the new theories of psychology (character) emphasize on, expresses importance of the role of personality traits in different components and especially job satisfaction. According to studies, whatever compatibility and proportionality between personality and jobs is more, It will cause more job satisfaction, therefore, identifying traits and personality factors related to job satisfaction is very important and results of these research can be useful in the recruitment and selection of employees based on compatible personality patterns (Nouranipour, 2011).

Ebne Sina Hospital requests from applicants to complete NEO personality inventory test in the early stages of recruitment, in collaboration with psychologists.

NEO-FFI Personality Inventory has been proposed by Costa and McCrae (1989) and in Iran has been translated and used by Haghshenas (2004). NEO-FFI 60-items questionnaire was designed for concise and fast assess of 5 main characteristic factor ( neuroticism, extraversion, openness to experience, agreeableness, conscientiousness ) and each factor is composed from 12 items. In this study, after consultation with psychologist of center, extroversion dimension and conscientiousness dimension are considered respectively as emotional intelligence and

## **Study of Relationship between Emotional Intelligence and Organizational Commitment with Job Satisfaction of Staff of Ebne Sina Hospital by Using the NEO Personality Inventory**

organizational commitment. In the following pages, will be relied on emotional intelligence and organizational commitment completely.

### ***Emotional Intelligence***

Emotional Intelligence has its roots in the concept of 'social intelligence,' first identified by E.L. Thorndike in 1920. According to him social intelligence is the ability of understand and manage people in human relations. In early 1980, researchers conceptualized the idea of emotional intelligence systematically. The most famous of them was the concept of intra and interpersonal intelligence of Gardner (1983) and Steiner (1984) in the field of emotional literacy that was conceptualized of cornerstone that Salovey and Mayer was called it as emotional intelligence in the years 1990-1989. According to Salovey and Mayer, emotional intelligence is a form of social intelligence that involves the ability to monitor one's own and others' feelings and emotions, to discriminate among them, and use this information to guide one's thinking and action (Rezaiyan, 2008).

Based on previous studies, Bar-on and colleagues in 1997, described emotional intelligence as non-cognitive intelligence like this: a set of social and emotional skills which effect on the person's ability in dealing with the pressure and environmental applications.

In 1996, Daniel Goleman played a significant role in Publicize this concept with the publication of his famous book. In 1998, according to the findings of previous researchers, he described emotional intelligence like this: Emotional intelligence is a different kind of intelligence which included knowing of senses of self and use it to make appropriate decisions in life. In other words, emotional intelligence is expression of good ability to manage moods, mental condition and tension control and in fact, it is factor that makes people motivated and hope when they fail to achieve the goals (Ashforth& Humphrey, 1995).

In general, Goleman's model of emotional intelligence competences are expressed in the four types of general ability:

1. Self-awareness - The ability of understanding of their emotions and strengths and weaknesses
2. Self-management - The ability of managing of their moods, tensions and internal capabilities
3. Social awareness - The ability of properly understanding of individuals and groups
4. Relationship management - The ability of handling of desired reactions in others

According to Goleman, an emotional competence is a learned capability based on emotional intelligence that results in outstanding performance at work. In other words, the amount of emotional intelligence determines the potential capability for learn of practical skills. According

## **Study of Relationship between Emotional Intelligence and Organizational Commitment with Job Satisfaction of Staff of Ebne Sina Hospital by Using the NEO Personality Inventory**

to Goleman, this model can explain individual differences in the performance of people at work (Goleman, 2001).

The above model is corrected from model which was released in 1998. As mentioned, in this research NEO personality inventory test and extroversion factor is used to identify emotional intelligence of staffs of Ebne Sina hospital.

### ***Organizational Commitment:***

Efficiency and development of every organization largely depends on correct application of human resource. As companies and organizations grow, problems of them also be added. Managers try to continually control their employees in relation to various issues. Managers believe that when a person to be hired in a organization, he must accepts all its conditions. Some managers insist on this issue that employee satisfaction can be increased through reward and encourage to do work. But truly, are not there other ways for better effectiveness in the organization given the fact that staffs live in financial pressure and more their attention and willingness to economic issues of work, apart from the rewards and possibilities such this?

### ***Organizational commitment is one of the important topics for researchers.***

In Oxford Dictionary (1996) Commitment is defined like this: Commitment is obligation that limits freedom of action. Organizational commitment has been defined in different ways like other organizational behavior. The most common way of dealing with organizational commitment is that organizational commitment is considered as emotional attachment to the organization. According this method, a person who is strongly committed, obtains his identity from organization, participates in the organization, and enjoys membership of organization (Saroughi, 1996).

Porter et al (1974) describes organizational commitment as “an attachment to the organization, characterised by an intention to remain in it; an identification with the values and goals of the organization; and a willingness to exert extra effort on its behalf”. O'Reilly and Chatman (1986) defined organizational commitment as "the psychological attachment felt by the person for the organization; it will reflect the degree to which the individual internalizes or adopts characteristics or perspectives of the organization" (Ranjbarian, 1996). Organizational commitment is the positive or negative attitude of people toward the entire organization not toward the their job. In organizational commitment, person has got strong feeling and loyalty to the organization and through that recognize his organization (Estron, 1998). Martyr Motahhari (1368) said about the commitment: Meaning of commitment is adherence to the principles and philosophy or contracts that humans believe and stable to. A Committed person who is loyal to his covenant and protects them for his goals. Sheldon (1971) described organizational commitment as an attitude or an orientation towards the organization, which links or attaches the identity of the person to the organization. Kanter defines organizational commitment as “the

## **Study of Relationship between Emotional Intelligence and Organizational Commitment with Job Satisfaction of Staff of Ebne Sina Hospital by Using the NEO Personality Inventory**

willingness of social actors to give their energy and loyalty to social systems. Salancik (1977) said commitment is that “a state of being in which an individual become bound by his action and through these action to beliefs that sustain the activities of his own involvement”.

According to the definitions of organizational commitment, according to researchers organizational commitment is often defined as follows:

Strong desire for survival of membership in a particular organization, desire for the immense efforts for the organization, strongly believe in the acceptance of values and goals of the organization. In other words, organizational commitment is an attitude about employee loyalty to the organization and is ongoing process that shows people attention to the organization, successfully and welfare of organizations through participation of people in corporate decisions.

In the present research organizational commitment is obtained from results of NEO personality inventory test. Conscientiousness factor is considered as the commitment in this test.

### ***Research History***

Organizations that have recognized the important role of human resources in improving efficiency, are aware about value of training of committed staff (Allahtavakkoli, Abedi and Salehnia, 2009). One of the contributing factors on developing human resources is emotional Intelligence. Emotional Intelligence includes our skills in knowing our and others feelings, sufficient skills in building healthy relationships with others, sense of responsibility and ability in maintain of our health (Pourkiani and Sabbagh Mollahoseini, 2008).

Emotional intelligence is correlated with factors that relate with organizational commitment. Goleman and his colleagues believe that emotional intelligence is used at all organizational levels, but at the managerial level, is very important (Eyvazi and Bagherzadeh, 2008). So that whatever emotional intelligence of managers and employees is more in the organization, as well as productivity of organization and employees will be added. Managers who have got emotional intelligence, are effective leaders and realize organization's goals with maximum efficiency, satisfaction and employee commitment and their approach in managing the organization is the type of grant self-control opportunities based on self-awareness (Mokhtaripour, Siadat and Amiri, 2006).

It is seemed that based on previous findings, leaders who have got emotional intelligence, are more committed to their organizations, act better at work environment, use emotions to improve decision-making and instill enthusiasm, confidence and cooperation in other works (Ansari Ranani and et al., 2008). So emotional intelligence can play an effective role in enhancing the ability of managers and employees that is related to organizational commitment. In this regard, also the results of Rezaeian and Koshtehgar (2008) showed there is a significant relationship

## **Study of Relationship between Emotional Intelligence and Organizational Commitment with Job Satisfaction of Staff of Ebne Sina Hospital by Using the NEO Personality Inventory**

between emotional intelligence and commitment, also among dimensions of emotional intelligence relationships management had the greatest impact on organizational commitment.

### **RESEARCH SCHEME**

#### ***Research purposes***

##### **Ideal purpose**

The ideal purpose of this study is that by identifying organizational commitment and emotional intelligence provides promotion of job Satisfaction of staffs of Ebne Sina hospital.

##### **General purpose**

General purpose of this study is investigation of relationship between emotional intelligence and organizational commitment with job satisfaction of staffs of Ebne Sina hospital.

##### **Special and practical purposes**

- Determination of amount of emotional intelligence (extraversion dimension) of staffs of Ebne Sina hospital with NEO personality inventory test
- Determination of amount of organizational commitment (conscientiousness dimension) of staffs of Ebne Sina hospital with NEO personality inventory test
- Determination of relationship between emotional intelligence and organizational commitment of staffs of Ebne Sina hospital
- Determination of relationship between emotional intelligence and organizational commitment with job satisfaction of staffs of Ebne Sina hospital

#### ***Research Hypothesis***

1. There is relationship between emotional intelligence and organizational commitment of staffs of Ebne Sina hospital
2. There is relationship between emotional intelligence and organizational commitment with job satisfaction of staffs of Ebne Sina hospital

#### ***Research Methodology***

In terms of purpose, this study is an applied research. Applied research is research that is used by human communities with use of result of fundamental research in order to improving and perfecting of behavior, methods, tools, equipment, products, structures and patterns. In terms of research method, this study is descriptive and correlational.

#### ***Community and statistical sample***

The Statistical community of the research is staffs of the hospital that complete NEO personality inventory tests and research lasted a year. This study lasted September 21, 2012 to September 22, 2013. The sample consisted of 125 staffs of Ebne Sina hospitals.

## **Study of Relationship between Emotional Intelligence and Organizational Commitment with Job Satisfaction of Staff of Ebne Sina Hospital by Using the NEO Personality Inventory**

### ***Methods and tools of data collection***

Collecting data in this study was in two ways:

- a) Field study including the implementation of both NEO questionnaire and Minnesota job satisfaction questionnaire
- b) Library study including the use of documents, books, articles

### ***Statistical analysis method***

Given that research is descriptive and correlational, data that obtained from the questionnaires were analyzed after gathering information through documentation, editing, distributing and collecting questionnaires, using descriptive statistics (tables and graphs of frequency and percentage) and inferential statistics (Regression, multiple regression, t-test and analysis of variance) using SPSS software.

### ***Validity and reliability***

Usually there is two different general questions (but overlapping) in the evaluation of any measuring device. The first question is that how much sample is indicant and complete reference of responses that collected from questionnaires. The second question is that how much mentioned reference has got honesty in terms of conformity with favorite hidden features of its producer (Houman, 1991).

#### **Validity**

According to the standardized questionnaires, validity of questionnaires was assessed by an expert judgment (supervisors and consultants).

#### **Reliability**

Cronbach's alpha coefficient was used to obtain a reliability of questionnaire that 0.812 and 0.803 was obtained respectively for NEO inventory and Minnesota job satisfaction and it showed that tool used has good reliability.

## **RESEARCH FINDINGS**

Testing the first hypothesis: There is relationship between emotional intelligence (extraversion dimension) and organizational commitment (conscientiousness dimension) of staffs of Ebne Sina hospital. For the evaluate of first hypothesis that shows a significant positive relationship between emotional intelligence and organizational commitment, correlation of subjects score were calculated in two mentioned variables using regression. The results show that there is a significant positive relationship between emotional intelligence and organizational commitment. ( $\beta = 0/41$  ,  $t(197) = 6/4$ ,  $p < 0/001$ )

Testing the second hypothesis: There is relationship between emotional intelligence and organizational commitment with job satisfaction of staffs of Ebne Sina hospital. For the evaluate of second hypothesis that shows a significant positive relationship between emotional

## **Study of Relationship between Emotional Intelligence and Organizational Commitment with Job Satisfaction of Staff of Ebne Sina Hospital by Using the NEO Personality Inventory**

intelligence and organizational commitment with job satisfaction, correlation of subjects score were calculated in three mentioned variables using regression. The findings confirmed the hypothesis. (  $\beta = 0/34$  ,  $t(197)=5/05$  ,  $p<0/001$  )

*Other findings of this research can be noted as follows:*

- Age of staffs has impact on organizational commitment. Because calculated F is larger than value of critical F of Alpha 0.01. Therefore it can be concluded with 99% confidence that people age has an impact on organizational commitment. So organizational commitment increase with increase of age.
- Education level of staffs has impact on organizational commitment. Because calculated F is larger than value of critical F of Alpha 0.01. Therefore it can be concluded with 99% confidence that education level of staffs has an impact on organizational commitment. So organizational commitment increase with increase of education level.
- Age of staffs has impact on emotional intelligence. Because calculated F is larger than value of critical F of Alpha 0.01. Therefore it can be concluded with 99% confidence that people age has an impact on emotional intelligence. So emotional intelligence decrease with increase of age of staffs.
- Education level of staffs has impact on emotional intelligence. Because calculated F is larger than value of critical F of Alpha 0.01. Therefore it can be concluded with 99% confidence that education level of staffs has an impact on emotional intelligence. So emotional intelligence increase with increase of education level.

## **CONCLUSION**

The results showed that there is a significant relationship between emotional intelligence and organizational commitment and job satisfaction of staffs of Ebne Sina hospital. As mentioned earlier, emotional intelligence affects the performance of the organization. Hence, paying attention to recruitment of staffs with high emotional intelligence and organizational commitment can help organization in achievement of the short and long term strategic goals and can execute sense of cooperation and collaboration, which is one of the main components of survival of health organizations, in the organization, increase job satisfaction of staffs with establishment of emotional cohesion between staffs.

So, the author suggests that investigation of the personality characteristics of staffs and assessment of Semiannual of job satisfaction should be placed on the agenda of human resources departments and medical organizations at the time of recruitment for the considerable growth of the healthcare industry.



**Study of Relationship between Emotional Intelligence and Organizational Commitment with Job Satisfaction of Staff of Ebne Sina Hospital by Using the NEO Personality Inventory**

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## **The Relation between Personality Characteristics and Self-Efficacy and Successful and Unsuccessful Aging**

Mina Kafei kivi<sup>1\*</sup>, Dr Abdollah Motamedy<sup>2</sup>

### **ABSTRACT**

The aim of the present study is to investigate the relation between personality characteristics and general self-efficacy with successful and unsuccessful aging. In this research, 194 old people, who were members of Tehran's Retired Staff Club of Education Ministry, were selected as the available sample. This population answered to Diner's life satisfaction and Goldberg's general health questionnaires; 30 people who had acquired the highest grades were selected as successful and the other 30 people who had acquired the lowest grades were selected as unsuccessful aged people. Personality characteristics and self-efficacy of these two groups were measured using Neo questionnaire and Shrer's self-efficacy questionnaire. The obtained results were analyzed using T statistical tests, Pearson correlation, and multiple regression; the results showed a significant relation between personality characteristics and the feeling of self-efficacy between successful and unsuccessful aged people. The results of multiple regression analysis demonstrated that the two characteristics of neuroticism and conscientiousness could better predict the feeling of self-efficacy among aged people.

**Keywords:** *Successful Aging - Life Satisfaction - General Health - Personality Characteristics - Self-Efficacy*

Developments in medical sciences and improvement of life conditions have resulted in an increase in the number of 60-year old people. It is expected that this population will increase up to 23% in the middle of the 21<sup>st</sup> century (Gliken, 2009). As Foos and Clark (2009) believe, many factors are related with the increase of aged people population of which the decrease in birth rate, changes in hope for life, and the shocking growth of children born in the same period can be mentioned.

<sup>1</sup> M.A in psychology, Allame Tabatabaee university, Tehran, Iran

<sup>2</sup> Assistant professor, Allame Tabatabaee university, Tehran, Iran

\*Responding Author

## **The Relation between Personality Characteristics and Self-Efficacy and Successful and Unsuccessful Aging**

In gerontology, age is considered as a criterion for successful aging. For years, living a long life had been a dream. On the other hand, it had been accompanied by some problems; negative experiences would increase with aging, aged people would lose their old friends, and they would suffer from different diseases. In 1995, Gerontological Society of America selected the motto of "adding life to age" and not adding age to life (Orrell, and Specto, 2009).

Hoyer and Roodin (2009) consider successful aging as the result of the three following performances and their effects: being away from disease and disability, continuing effective physical activities, and continuing social activities in the society (Bengeston, Kuypers, 1985; Palmore, 1979; Rowe and Kahn, 1987; and Ryff, 1982, cited in Orrell, and Specto, 2009). Successful aging is not merely measured based on life satisfaction as was common in traditional viewpoints of quality of life researches; rather, it includes a combined approach of different qualitative and quantitative aspects of aging. They propose several criteria for successful aging:

- The length of lifetime, life satisfaction, biological health, social capability
- Psychological health, personal control, and perceptual efficiency.

Buttler et al., 1991 (cited in Gliken, 2009) regard positive confrontation strategies as the key to experience successful aging; they enable aged people to change their priorities. Fundamentally, a certain collection of ideologies and attempts is required to help aged people remain independent, productive, and socially active as much as possible, contrary to the present contrasts and threats.

The results of studies in different cultures have showed that internal and personality factors are significantly related with the mental image of a good life (Foos and Clark, 2009). A person's psychiatric personality and structure is mainly related with their mental health. Personal factors indirectly affect people's life quality through influencing their mental health (Bond and Corner, translated by Mohaqeqi Kamali, 1389). A scientific definition of personality defines it as including sustainable patterns of feeling, thinking, and behavior. A broad definition of personality provides the possibility of studying different aspects of a person (Pervin, Cervone, and John, 2005). New personality theories emphasize on the fact that there is a great potential in changing personality characteristics among adults, unlike the apparent stability of their characteristics. Hooker and Macadams (2005, cited in Hoyer and Roodin, 2009) state that combining information on personal self-regulation and self-expression strategies and characteristics can be useful in obtaining a comprehensive image of adults' personality. Characteristics' approach towards personality is not necessarily inconsistent with other approaches. For instance, an adult person may be stable regarding their personality characteristics; they may use other useful strategies to administer and manage stressful events and other situations and employ different solutions to interpret their life environmental situations. In addition to personal characteristics which influence cognitive performances and

## **The Relation between Personality Characteristics and Self-Efficacy and Successful and Unsuccessful Aging**

neural damages (Huffer and Elvin, 2008), all human beings are equipped with a belief system which structures their world, gives meaning to their experiences, and without which, they will be confused. Some beliefs are signs of a dynamic self and a dynamic world; they own a great potential to create change. These beliefs encourage us to search for correcting and optimizing defects and shortcomings and solve our problems (Bandura, Locke, 2003). In some literature reviews regarding aged people studies, it has been realized that self-efficacy beliefs can not only predict aged people's subjective well-being, but also they provide them with a framework for life satisfaction and confidence. Those aged people who have high self-efficacy can better tolerate stress such as fear, anxiety, and loneliness and can face traumas (Fry and Kiz, 2010).

Many studies have been conducted on variables of personality characteristics and self-efficacy and factors related with successful aging, some of which determine the relation between these factors.

Veljko (2011) performed a research on the role of personality characteristics in predicting subjective well-being and life satisfaction; in this research, the five-factor model of Zuckerman was employed; the results showed that considering individual differences, personal characteristics have different powers in describing well-being and life satisfaction. This study showed that neuroticism and anxiety directly influence the affective aspect and life satisfaction. In this regard, Schenhofen, Reynilds, Pederse, and Gatz (2010) investigated the relation between the factor of openness to experience and aging with cognitive performances. Factors detected in the cognitive field included verbal ability, spatial ability-memory functioning, and the total grades in these tests. This hypothesis demonstrated that openness to experience is related with better performances in cognitive tests; these people's cognitive performances showed less reduction by age increase. Openness to experience cannot predict cognitive performances in each age group; among personality characteristics, however, less attention has been paid to openness to experience in gerontology. Some researches predict that cognitive damages among aged people are indicators of personal aspects' effects which play roles in causing chronic diseases and neuron degeneration directly or indirectly. Regarding personality characteristics and cognitive damages among aged people, Jakson, Balota, and Head (2009) attempted to investigate the relation between personal characteristics and the relative reduction of gray and white matters in the brain in the forehead and temple parts. The results of this research in a 79-person group aged between 44- 88 showed that neuroticism is accompanied by low performance capacities in the brain and more reduction of gray and white matters in the brain due to age increase. There is a positive relation between conscientiousness and more capacities in brain performance and less reduction of gray and white matters in the forehead and temple parts.

Considering the mentioned results, personality characteristics affect both a person's self-image and the characteristics related with their compatibility with life; they include attitudes, personal

## **The Relation between Personality Characteristics and Self-Efficacy and Successful and Unsuccessful Aging**

goals, and self-efficacy beliefs. Memory self-efficacy is one's beliefs on one's mastery of memory functioning. Assuming that aged people's health and their complaint from their memory is more related with a person's self-efficacy beliefs, rather than their real capacities which are objectively measured, Aben, Ponds, Visser, Busschbach, and Ribbers (2011) studied self-efficacy beliefs and memory related complaints in aged patients. In this cross sectional study, 136 patients were studied 18 months after the occurrence of the disease; their self-efficacy, depression, and methods to cure them were measured and evaluated. Patients were divided into 2 groups including patients with memory complaints and aged people who were satisfied with their memory functioning. The statistical results indicated that low grades of self-efficacy created an independent variable in memory complaints, depression, and age-related problems. In the studies conducted by Davy (2011) in Carolina, it was found out that the feeling of self-efficacy in weight control among the elderly (one's beliefs that a person can control their weight) is directly related with the weight loss process. The combination of self-efficacy beliefs with physical treatment activities ends in better results in weight loss and eventually, the aged people's physical health. Weight loss is one of the best solutions in decreasing the risk of cardiovascular diseases among the elderly. There are many factors affecting weight loss of which psychological influences, social resources, and genes' effects can be named.

Extended studies have demonstrated the relation between personality characteristics and two components of subjective well-being (subjective happiness and life satisfaction).

The results of researches performed by Strobel, Turnasja, and Sporrle, (2011) showed that there is a relation between neuroticism, extraversion, openness to experience, and having a conscience and subjective well-being; self-efficacy plays the role of a mediator. The results of this research shed light on the importance of cognitive beliefs in performances related with personal characteristics and subjective well-being. Physical diseases are the result of chronic stress; personal characteristics are related with diseases through different ways such as appraising and confronting with daily life difficulties. A research was conducted with a large sample aiming to investigate the probable relation between the perceived stress and personal aspects (extraversion and openness to experience) and the identification of the role of general self-efficacy. The sample concluded 3471 randomly selected participants with the mean age of 69. Personal characteristics were measured using NEO FFI test. The results showed that there was a negative relation between extraversion, conscientiousness, openness to experience, and being acceptable and the perceived stress if self-efficacy would act as a mediator. Self-efficacy played the strongest role in characteristics of conscientiousness and extraversion (Ebstrup, Eploy, Jorgensen, 2011). Self-efficacy as a mediator changes the interpretation and effect of the perceived stress; the results of this research proved that self-efficacy is of the important factors of the relation between personality and the perceived stress. Self-efficacy beliefs determine how people remove obstacles in acquiring and moving towards health; people with weak efficacy are

## **The Relation between Personality Characteristics and Self-Efficacy and Successful and Unsuccessful Aging**

easily convinced that their personality and cognitive structure do not have the required flexibility to overcome health problems and they give up easily.

Considering the research results on self-efficacy, it was found out that when people believe in their ability to exert influence, their strategies for becoming successful become affected; people with high self efficacy can resist more against problems. Believing in self-efficacy affects people's efforts and their resistance against problems and anxiety. Those aged people with weak self-efficacy have less psychological and physical health; these aged people cannot easily deal with diseases and stress. Consequently, according to the results of the mentioned research, it has been attempted to investigate the relation between personality characteristics and general self-efficacy and successful and unsuccessful aging. To this end, the following hypotheses are considered.

Personality characteristics are different between successful and unsuccessful aged people.  
The feeling of self-efficacy is different between successful and unsuccessful aged people.  
There is a relation between personality characteristics among aged people.

### **METHODOLOGY**

The present research is of correlation type. Its statistical sample includes all old women and men (above 60) who were members of Tehran's Retired Staff Club of Education Ministry over the period of 90-91. Regarding the size of the research population (n), the sample size was determined as 194 people based on Cochran formula; this number was selected by convenience sampling.

Successful aging was measured using two questionnaires of Goldberg's (1988) psychological health and Diner's (1993) life satisfaction. Those aged people acquiring the highest grades in both questionnaires were regarded as successful aged people.

In this research, psychological health and life satisfaction questionnaires were distributed among the aged people in the sample who agreed to participate; then, Shrer's self-efficacy and Neo personality characteristics (1985) questionnaires were completed by the participants.

In order to analyze data, statistical indices such as mean, standard deviation, T test, Pearson correlation, and multiple regression analysis were used.

### **RESULTS**

Analyzing the descriptive information related with demographic characteristics indicated that women with 64% formed the main part of the sample. The age group of 66-70 with 38% and the age group of 76-80 with 16.5% had the most and the least percentage of the sample, respectively;

## **The Relation between Personality Characteristics and Self-Efficacy and Successful and Unsuccessful Aging**

62.4% of the sample was married. Regarding education degree, most members had B.A/ B.Sc. with 38.7%.

In order to compare variables in two groups of successful and unsuccessful aged people, life satisfaction and general health questionnaires were used; to do so, the sample group with 194 members were divided into two 97-member groups of high general health and weak general health based on the grades obtained from general health questionnaire; then, both groups were ordered based on the grades obtained from life satisfaction questionnaire; the first 30 people with the highest grades from life satisfaction questionnaire in the 97-member group were considered as having higher psychological health and were selected as successful aged people and the last 30 people having lower grades from life satisfaction questionnaire in the 97-member group were selected as unsuccessful aged people.

### ***An Interpretive Analysis of the Research Hypotheses***

The results of the first hypothesis have been presented in Table 1. Considering this information, the hypothesis stating the difference between characteristics of neuroticism, extraversion, conscientiousness, and being acceptable among successful and unsuccessful aged people is supported with 99% certainty ( $\text{sig} < 0.01$ ) and the null hypothesis is rejected. Only the characteristic of openness to experience was the same between successful and unsuccessful aged people; therefore, the null hypothesis is supported.

***Table 1: The Result of t Test in Comparing Personality Characteristics between Successful and Unsuccessful Aged People (df= 58)***

<b>Variable</b>	<b>t</b>	<b>Level of Significance</b>	<b>Mean Difference</b>
neuroticism	9.212	0.0001	16.73333
<b>Extraversion</b>	-6.317	0.0001	-9.66667
<b>Openness to Experience</b>	1.961	0.055	3.13333
<b>Conscientiousness</b>	-3.500	0.001	-5.06667
<b>Being Desirable</b>	-6.520	0.0001	-9.40000

The results of T Test of the second hypothesis have been reported in Table 2. According to this table, the null hypothesis is rejected with 99% certainty ( $\text{Sig} < 0.01$ ) and the feeling of self-efficacy is significantly different between successful and unsuccessful aged people.



**The Relation between Personality Characteristics and Self-Efficacy and Successful and Unsuccessful Aging**

**Table 2: The Result of t Test in Comparing Self-Efficacy Feeling between Successful and Unsuccessful Aged People**

Variable	t	Level of Freedom	Level of Significance	Mean Difference
The Feeling of Self-Efficacy	-9.109	58	0.0001	-14.400

The results of the multiple regression analysis in predicting the feeling of self-efficacy by personality characteristics among aged people have been reported in Table 3. The predictor model was eventually obtained using two variables of neuroticism and conscientiousness after removing meaningless predictor variables; other predictor variables were also removed due to the lack of meaning in their coefficients.

According to the above mentioned table, the simultaneous relation between personality characteristics and the feeling of self-efficacy and correlation coefficient was significant with 0.708 with the confidence level of 99%. Squared correlation coefficient of 0.502 shows that 50.2% of self-efficacy scattering is because of personality characteristics' scattering. Furthermore, mutual accreditation of the correlation coefficient is adjusted with the squared correlation coefficient which ends in the difference of 0.006. (0.502-0.496- 0.006) shows that if the equation is generalized to the whole population, the maximum reduction of the coefficient of determination will be 0.6%; therefore, the equation will be valid and can be generalized to the society. The significance of F (sig < 0.001) shows that if other predictor variables are added to the equation, the correlation coefficient will be significant. Besides, the result of Durbin-Watson test which is equal to 2.0782.078 confirms the lack of self-correlation (errors' independence) in predictor variables.

**Table 3. The Summary of the Predictive Model for Self-Efficacy Feeling by Personality Characteristics**

Correlation Coefficient	Squared Correlation Coefficient	Adjusted Squared Correlation Coefficient	Changes' Statistical Results					Durbin-Watson
			Squared Correlation Coefficient Change	F Change	Level of Freedom 1	Level of Freedom 2	The Significance of F Change	
0.708	0.502	0.496	0.502	96.089	2	191	0.0001	2.078

## The Relation between Personality Characteristics and Self-Efficacy and Successful and Unsuccessful Aging

According to the obtained results in Table 4, the null hypothesis is rejected ( $\text{sig} < 0.001$ ) and the equation predicting the feeling of self-efficacy by personality characteristics among successful and unsuccessful aged people is significant with confidence level of 99%.

**Table 4: Variance Analysis Test for the Significance of the Regression Equation**

Equation	The Sum of Squares	Level of Freedom	Squared Mean	F	Level of Significance
<b>Regression</b>	9407.720	2	4703.860	96.089	0.0001
<b>Residual</b>	9350.032	191	48.953		
<b>Total</b>	18757.753	193			

The equation predicting self-efficacy feeling by personal characteristics is as follows:

$$SE = 30.907 - 0.484 N + 0.646 C$$

SE: Self-Efficacy

N: Neuroticism

C: Conscientiousness

## DISCUSSION AND RESULTS

The findings showed that there is a significant relation regarding personality characteristics between successful and unsuccessful aged people. Besides, according to Table 1, there is a significant difference in terms of characteristics such as extraversion, consciousness, and being delighted between successful and unsuccessful aged people. These results were in line with the results obtained by Geriatr (2009) and Jackson et al. (2009).

Based on the obtained results in Table 2, there is a significant difference regarding the feeling of self-efficacy between successful and unsuccessful aged people. Self-efficacy beliefs can correctly predict behaviors and not real abilities of behavior, since these beliefs are instruments which determine what activities can be performed by what people. The role of these beliefs' mediators is to realize why people with same skills and knowledge have different performances. The results of this section are in line with Aben et al. (2011), Davy (2011), Costa et al. (2010), Navarro et al. (2008), and Halahan and Halahan. When the elderly consider the world around them as predictable and feel that they can appropriately face challenges in life, they reach to calmness and personal satisfaction. Fry and Kiz (2010) consider self-efficacy as the predictor of subjective well-being and a framework for life satisfaction. Self-efficacy beliefs are positively related with physical health and the feeling of well-being. The feeling of lack of control on negative events and being dependent on others are of the main reasons of depression and psychological problems among the elderly.

## **The Relation between Personality Characteristics and Self-Efficacy and Successful and Unsuccessful Aging**

The results of the correlation coefficient of the third hypothesis have been presented in Table 3. Based on the information of this table, the hypothesis of characteristics of neuroticism, extraversion, conscientiousness, and being acceptable is supported and the null hypothesis is rejected with 99% certainty.

Self-efficacy has raised major discussions among the experts in the field in all ages, especially among the aged people in terms of age conditions, physiologic changes, and their vulnerability. Bandura defines his theory as the best predictor of behaviors and behavior changes; it also pictures an image of human beings' behavior whose most important element is self-efficacy. Self-efficacy affects people's ability and resistance against anxiety, vulnerability, tension, depression, and other psychological disorders; the need to compatibility with physical, psychological, and social changes is of the necessities of aging and high general efficacy among the aged people will help them become compatible with the specific conditions of this age. The feeling of disability and non-efficacy in becoming compatible with these changes results in madness and anxiety among aged people. The social-cognitive theory increasingly emphasizes on the role of cognitive processes due to improper self-measurements and especially, regarding the feeling of weak self efficacy beliefs in psychopathology.

Totally, it can be concluded that weak self-efficacy beliefs is one of the main problems among aged people which result in unsuccessful aging. Analyzing the relation between these components (self-efficacy characteristics) can results in the identification of variables related with successful aging; the results of the present research can provide the situation for conducting instructional and consultancy attempts related with successful aging.

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## Understanding Mind through Indian Psychology

Sreeja Gangadharan P<sup>1\*</sup>, S P K Jena<sup>2</sup>

### ABSTRACT

Mind is a subject widely studied under various discipline, yet, failed to come up with a definition which we could comprehend. These studies had unravelled a number of questions regarding the nature of the mind and leads to serious debates on its composition, i.e., whether it consists only of higher intellectual functions such as memory and reasoning, its activities i.e.; what is the relationship of mind and body, is dualism or monism?, is it accessible to study or only an endeavour of first person and finally, who possess a mind?; do all beings have a mind or only human beings could possess it?, and so on. With two simple models, 'the Epistemological dualism' and the model of 'Mind-Spirit; dichotomy Vs coexistence' based on the concepts in Indian Psychology, the paper throws more light in to the subject mind and its faculty.

**Keywords:** *Mind, Dualism, Monism, Consciousness, Spirit and Indian psychology*

Although the subject mind is widely studied under various disciplines such as Philosophy, Religion, Psychology and Cognitive Science there is neither a comprehensive definition nor a general consensus on its attributes. In layman's sense, mind is attributed to thoughts or if we go by dictionary, it is "that part of a person which makes it possible for him or her to think, feel emotions and understand things" or it is "the element of a person that enables them to be aware of the world and their experiences, to think, and to feel; the faculty of consciousness and thought". But, don't you think that, these definitions are a bit complex for the human mind to comprehend, since it leads to more questions than answers or really do our mind is all these? With two simple models, 'the Epistemological dualism' and the model of 'Mind-Spirit; dichotomy vs. coexistence' the paper throws more light in to the subject mind and its faculty.

To go a little in to the background of studies in mind we could see a lot of debates are already happened and are still going on about its attributes; what makes up a mind, its activities i.e., whether it consists only of higher intellectual functions such as memory and reasoning, is it accessible to study or only an endeavour of first person; what is the relationship of mind and

<sup>1</sup> Ph. D. Scholar, Department of Psychology, University of Delhi, India)

<sup>2</sup> Professor, Department of Psychology, Delhi University, South Campus, India

\*Responding Author

## Understanding Mind through Indian Psychology

body (Patricia Smith, 1989; Hart, 1997), is it dualism or monism? (Plato, 1995) and finally who possess a mind; do all beings have a mind or only human beings could possess it, with the latest advancement in the Artificial Intelligence the question further extends its conventional boundary and asks do machines could also possess mind? (Russell, et al. 2003). Addressing each of these questions opens a new arena which is equally complex.

But the subject is simply and beautifully explained in Indian Psychology. With the help of two models the 'Epistemological dualism' and the model of 'Mind-Spirit; dichotomy v.s coexistence' its further simplified and explained here in this paper. This model considers mind as an interface between two sources of knowledge, and these two sources are;

- (a) the knowledge about the world which is acquired through one's senses and
- (b) the knowledge from one's own consciousness.

Hence we could say that there exists two different sources of knowledge to which the mind has access to,

- 1) Transactional Knowledge, which involving mind as an interface between the brain and sensory system and,
- 2) Transcendental Knowledge which connects with the consciousness.

This could be further explained with the help of a model called model of epistemological dualism or two state model of knowledge and awareness.

### ***The Model of Epistemological Dualism/ Two state model of knowledge and awareness***

As depicted in fig 1, the model consists of two different sources of knowledge to which the mind has access to; the transactional knowledge and the transcendental knowledge. As against the Western bio-centric model, this model is based on the concepts in Indian Philosophy, which considers consciousness as the primary principle irreducible to the brain states. It says that brain does not generate consciousness; it simply reflects consciousness and often by filtering, limiting and embellishing it (Rao, 2008). From this we could understand consciousness lies somewhere in the primary level or above the level of brain or cognitive process.

The model further says, mind is interfacing instrumentally and connects consciousness at one end and body at the other end. When it connects with the world outside through sensory system, we get phenomenal awareness, when it connects with consciousness we have transcendental realization. When mind is consumed by sensory data consciousness is a reflecting source; if one empties this sensory data one could access consciousness there arises the unmediated direct knowledge where the knower and the knowledge blend harmoniously.

Here the concept of dualism is attributed to two sources of knowledge or two levels on which mind operates i.e., 'Transactional knowledge' and 'Transcendental knowledge' hence this model explains the two way exchange of information, with mind as an interface. Whereas the concept

## Understanding Mind through Indian Psychology

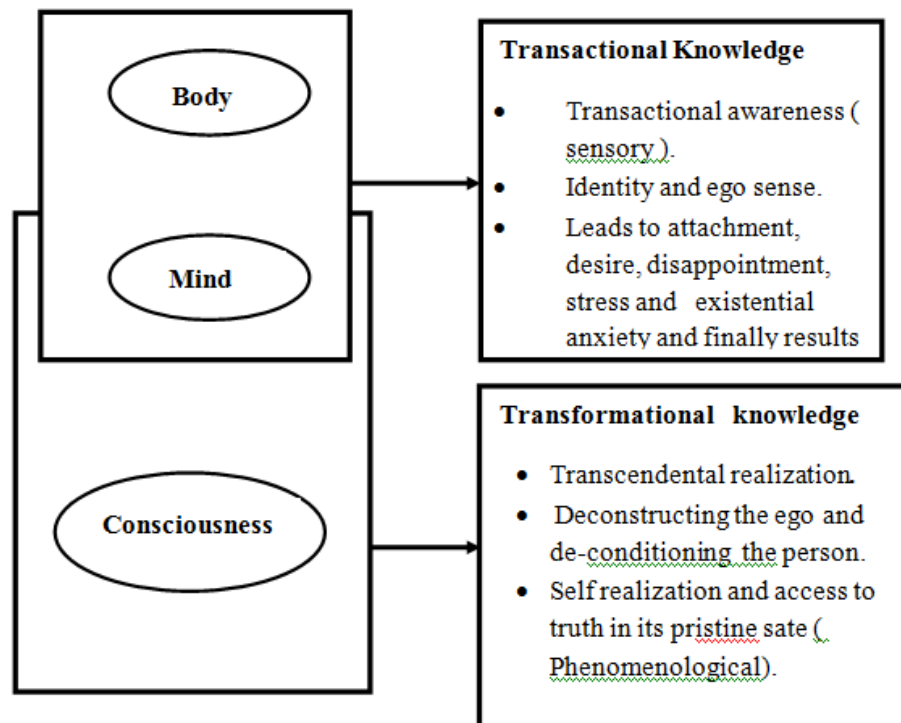
of dualism explained by Descartes focuses on distinguishing mind and the brain and Descartes identified mind with consciousness and self awareness (Descartes, René , 1998).

In Indian Philosophy, this epistemological dualism has a profound impact for higher level learning called Nididhyasana i.e. meditative learning, and is possible only when, the mind withdraws from participating in sensory process, then it would be in a position to access consciousness there arises the unmediated direct knowledge. If one asks what is the purpose of such knowledge or why man needs it? then, the answer is so simple since this is the only way one could overcome the sufferings and raise oneself to a higher level of awareness and achievement.

As the Upanishads says, ‘to know Brahman is to be Brahman’ and the purpose of the Upanishads is to reveal ‘Brahman’, the supreme ‘self’. And this is the existential quest for every man and consciousness is the ground condition for this awareness.

Why we need to know this supreme ‘self’? This is because, Upanishads says, ‘atma’ or ‘self’ (consciousness) is responsible for the activities of the ‘manas’, (or mind) and mind only plays a secondary role in knowledge. This is why neurological studies are often insufficient to give a complete understanding of the human nature since this phenomenological aspect of consciousness remains the “hard problem” (Chalmers, 1996).

### *The Model of Epistemological Dualism*



***Fig1: Illustrates the model of Epistemological Dualism.***

## Understanding Mind through Indian Psychology

Due to the glaring gaps in our knowledge in the way human thinks, feel and act, contemporary psychologists had reduced a person to just brain driven machine and believes ones achievements and actions, beliefs and behavior, cognition and conduct can be studied objectively. This gap in our knowledge is unbridgeable without altering the current models, since the activities within the domain of mind is something restricted to the first person and is not directly accessible to others and they could interpret only what the owner consciously or unconsciously communicate with the researcher or to a third person. Hence consciousness which is largely left out of the mainstream psychology needs a better attention (Rao, 2008). The model of Epistemological dualism based on the concepts in Indian Philosophy clearly depicts this.

Indian Psychology, which evolved thousands of years before is rooted in religion and philosophy. Indian Psychology defines the Psyche or self as the product of Sravana, Manana and Nididhyasana; which means, sense driven learning (Sravana literally means hearing, at Vedic times it is hearing the truth from the Guru's mouth, and could be interpreted as sensory processed information such as perceptual learning), intellectual understanding and intuitively obtained realization respectively (Rao, 2008). Hence an individual is a composite of mind, body and consciousness and could be studied from three different levels.

### *Method of Study*

Since, a person is a composite of Mind, body and consciousness, the method of study explains the three different levels in the study of an individual.

### *The three different levels in the study of an individual*

Dimensions	First Person	Second Person	Third person
Nature of Knowledge	Intuitive(Nididhyasana /Meditative)	Mind constructed Cognition (Manana)	Sense driven (Sravana)
Method of Study	Indirectly by observing transformational consequences	Introspection	By direct observation
Reflects in	Perfection in thoughts and action	Directs actions	Directs action.

***Table 1: Shows 3 operational levels of an individual and its various dimensions***

Indian Psychology says, 'Sravana', which is third-order knowledge could be objectively recorded and verified and could be obtained through observation, experiment and physical measurement. 'Manana', the mind constructed cognition is the first person experience hence introspective observation and second person technique could be employed. Nididhyasana, the meditative knowledge is utterly subjective and ineffable, it is experiential and trans cognitive state and hence, could neither be observed nor shared with others, could only be understood by



## Understanding Mind through Indian Psychology

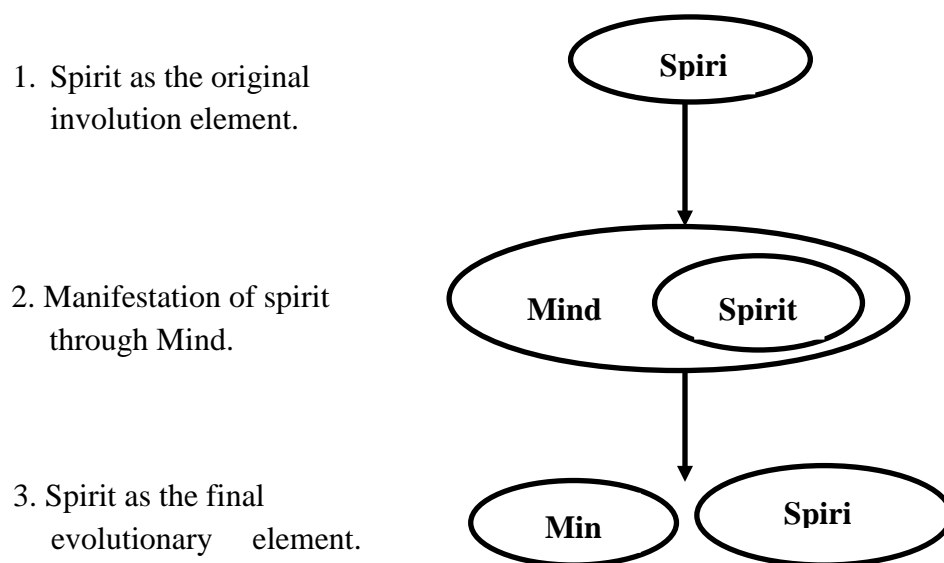
indirectly observing the transformational consequences on the person who is presumed to be in that state (Rao, 2008). The tools and techniques in western Psychology could explore an individual in his third and second level only. But this may not complete the study of an individual, since it could not reach to the first level, which is more phenomenological. (Constrained by its bio centric bias, noted behaviourist J. B. Watson (1913) had waged a war to remove consciousness from psychological dictionary.)

The most appropriate starting and ending points in the journey of human enquiry towards the ultimate goal in one's life is this first person i.e., consciousness. This could be explained with the help of another model called Mind– Spirit: Dichotomy Vs Coexistence.

### *Mind– Spirit: Dichotomy vs. Coexistence*

Spirit is the final and the original involutorial element. Mental human beings are not aware of the soul or spirit which controls or moulds his actions. Thus spirit, which is concealed by mind and body, also manifests through them. An inner evolution helps to attain supreme reality which reveals oneself to the luminous consciousness and will provide unlimited reach and intensity of love, joy and beauty (Rao, 2008). This could be compared to the need for self actualisation described by Maslow in his need hierarchy. This eternal element is nature's intention and the Spirit should be powerful enough to transform its instrument (mind) to attain this eternal happiness. Eventually, the spirit will exist as something greater than mind as the original and primal evolutionary element. This is depicted in the figure below.

### *Mind– Spirit: Dichotomy vs. Coexistence*



**Fig 2: Evolutionary transformation of Spirit**

## CONCLUSION

The mind, the most complex concept in Psychology is always a mystery to all the discipline which had tried to gain a mastery over it. Throughout the history the subject was open to serious debates on its nature, faculties and even its identity. The paper employs a totally different approach with the help of two models to explain the subject, mind. The two models, 'Epistemological dualism' and the model of 'Mind-Spirit; dichotomy vs. coexistence are based on the concepts of mind in Indian Philosophy and it simplifies the understanding of the mind.

The first model, Epistemological dualism says, that mind is an interface between two different levels of knowledge, the transactional knowledge at one level and transformational knowledge at other level. If the mind is open to the world outside through its sense organs then it is filled with transactional knowledge but if the mind is open to the world inside it gains access to the consciousness there arises the transformational knowledge. Hence to understand a person fully, a researcher should gain access to these three levels, but with the currently available tools in psychology one could access only up to two levels and the first person level could be studied only through transformational consequences.

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## Giftedness among School Children: A Review

Kiran N C<sup>1\*</sup>, C. G. Venkatesha Murthy<sup>2</sup>

### ABSTRACT

The present paper has attempted to present a review of issues concerning the education of the gifted children. It has presented concerns and the essence of different models of giftedness and raised issues about the assessment of giftedness. It also has proposed different components of academic task commitment, derived from Renzulli's Three Ring Model and defined them apart from identifying different components they have. It has also presented the gifted programs in India which is an assorted attempt. It has identified gaps and proposed agenda for the imminent future.

**Keywords:** *Giftedness, School, Children, Review*

### [A] Background:

The term gifted and talented is often used in tandem to describe a wide range of human exceptional performance. Children to be identified as gifted and talented need to possess needed potential and demonstrate outstanding performance. The term gifted children has a connotation that the outstanding potential they demonstrate is largely a natural endowment. However, the term gifted as used in educational contexts (e.g., gifted child or gifted performance) is descriptive rather than explanatory.

'The phenomenon of gifted and talented children is easier to describe than explain. Some scholars in the field attribute children's outstanding performance on IQ or culturally defined domains largely to their constitutional makeup (e.g., a neurological advantage), reminiscent of the position of Galton (1822), an early pioneer of behavioral genetics and intelligence testing. Other scholars are more cautious about bestowing the title of gifted and talented for some children by mere virtue of their test performance while treating the rest as non-gifted. Rather, they emphasize the emergence of gifted and talented behaviors among children in more authentic contexts as a result of both genetic and environmental influences, involving motivational as well as cognitive processes. Still others point out that, to the extent that the phenomenon of the gifted

<sup>1</sup> Research Scholar, Regional Institute of Education (NCERT), Mysore, India

<sup>2</sup> Professor, Regional Institute of Education (NCERT), Mysore, India

\*Responding Author

## Giftedness among School Children: A Review

and talented is subject to different interpretations and assessment strategies based on one's values and beliefs, consequently with different criteria and outcomes, it reflects a social construction rather than an objective reality' (As cited in <http://education.stateuniversity.com/pages/2009/Gifted-Talented-Education.html>).

The first step in addressing the definitions of gifted education is its controversial issues, laborious process and sensitive understanding itself. Balchin (2008) has pointed out that Gifted education is a worldwide concern and, although there is no internationally accepted definition of 'giftedness', there is consensus that there is a wide range of students with gifted learning needs in any given school or country. Even Merry (2008) pointed out that developing appropriate definitions of giftedness is important not only to understand better its nature, but also in order to be able to design better educational provisions.

Francis Galton defines a gifted as 'a person who has demonstrated exceptional talent in some area' (Galton, 1869). Later the eminent researcher Lewis Terman (1925) had known as the father of gifted education, defined children with IQs of 150 or more as being gifted; which is fewer than 2% of all children. While, Renzulli (1978) defines giftedness as "A combination of different cognitive components: high intellectual ability, creativity and task commitment".

Historically, a seminal report authored by Sydney Marland profoundly influenced how giftedness was conceptualized and defined. According to Marland, (1972) "Gifted and talented children are those identified by professionally qualified persons who by virtue of outstanding abilities are capable of high performance. These are children who require differentiated educational programs and/or services beyond those normally provided by the regular school program in order to realize their contribution to self and society..... Children capable of high performance include those with demonstrated achievement and/or potential ability in any of the following areas, singly or in combination:

- general intellectual ability
- specific academic aptitude
- creative or productive thinking
- leadership ability
- visual or performing arts
- Psycho-motor ability."

The above definitions do inform and influence us that there are children who require differentiated educational programs and services beyond those that are normally provided by the regular school program in order to realize their contribution to self and society.

## [B] Essence of Different Models influencing Giftedness

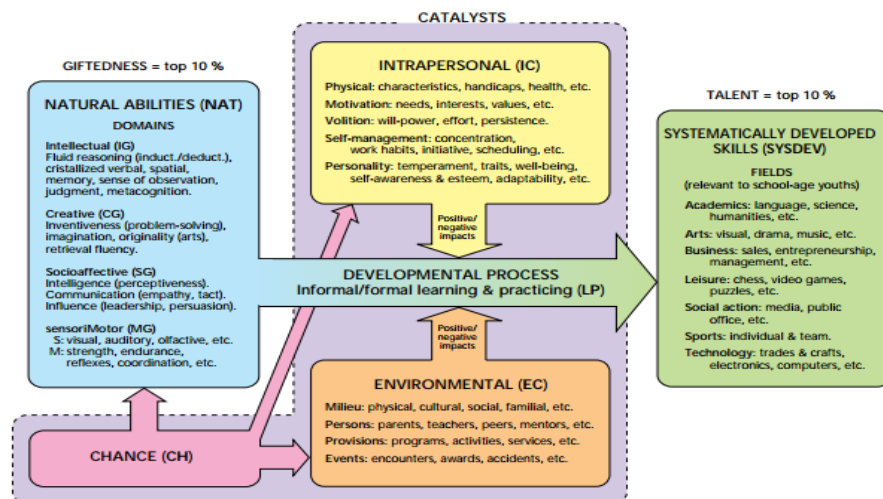
### [a] Robert Sternberg's Triarchic Theory of Successful Intelligence (1988)

Robert Sternberg's Triarchic theory of Successful Intelligence (1988; 1997) states that intelligent behavior results from a balance among analytical, creative and practical abilities. Therefore, it is a collective function of these abilities that allows an individual to achieve success within a particular socio-cultural context. According to Sternberg (1985, 1988, 1997, 1999) "there are multiple loci of intellectual giftedness. Giftedness cannot possibly be captured by a single number. Unless we examine the multiple source of giftedness, we risk missing identification of large numbers of gifted individuals." Therefore it is one of the important models to consider for the process of identification gifted individuals.

### [b] Gagne's Differentiated Model of Giftedness and Talent (DMGT) (2000)

'The DMGT model is developmental in nature as it posits that talent development corresponds to the transformation of outstanding natural gifts into the skills characteristic of a particular occupational field' (Gagné, 2005). Gagné argues that giftedness (or aptitudes) can be described as natural ability in a particular domain, whereas talent (or achievement) is systematically developed skills in a particular talent field (Gagné, 1999). Natural abilities or aptitudes act as the "raw material" or the constituent elements of talents (Gagné, 1993). Gagné holds a position that those who belong to approximately the top ten per cent of the relevant reference group in terms of aptitudes (for giftedness) or achievement (for talent) merit the label gifted or talented.

'On the talents side are systematically developed skills such as academics, leisure, technology, arts, social action, business, technology, and athletics. During the course of the development of gifts into talents, the DMGT model consists of four components that help represent the talent development process. These include three catalysts: (a) intrapersonal catalysts, (b) environmental catalysts, and (c) chance and (d) learning/practice. Catalysts are defined as elements that contribute to the final gifted product.



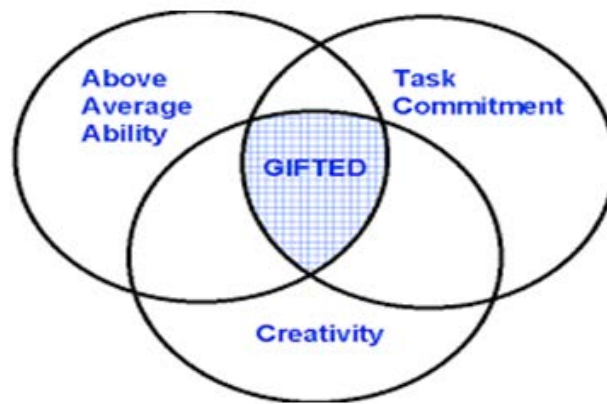
Gagné's Differentiated Model of Giftedness and Talent

## Giftedness among School Children: A Review

They also vary to the degree which they (a) make a positive or negative contribution to the final product and (b) make a causal impact on the developmental process' (Kaufman,*et al.*, 2009, p.7).

### [c] Joseph Renzulli's Three-Ring model (1978)

The scope of giftedness further gave prominence for performance based measures as well. One of the leading American contemporary pioneers in gifted education Renzulli (1978) turned everything topsy-turvy when he shifted the focus from gifted individuals to gifted behavior. He proposed the three - ring model for the components of giftedness, involving interactions among clusters of human traits identified as above-average ability, task commitment, and creativity.



This important work states that gifted individuals show that they possess three particular traits that interlock and affect each other and these three traits constitute giftedness.

### [C] Issues related towards assessment of giftedness among school children

The process of Identification of gifted students has been a challenge to most of the researchers and the initial efforts to create identification processes that would allow trained teachers or staff to locate gifted children who might not have scored high on the regular IQ or achievement tests proved very beneficial. Early work by Renzulli and Hartman (1971, pp. 243-248) and Baldwin (1977) to broaden the process for identifying gifted students gave school districts a much needed alternative to using only IQ or achievement tests to select students thus giving minority students a better chance of being selected.

According to Clarke (1988, pp.620-621) organized identification processes used in school districts classifying them as either used for screening or for identification. She designed an identification matrix, but placed the majority of the processes in the matrix under screening techniques. Few of the alternative forms were placed under identification, which narrowed the choices used to identify giftedness. Although procedures outside of the usual academic or IQ testing are still being suggested as alternatives, a strong dependence remains on the use of IQ tests, as does a belief that they are more relevant for identification techniques.

In the Indian context, there has been no single measure of assessment of giftedness. The present authors have attempted to theoretically conceptualize assessment of Academic Giftedness based on Renzulli's model. Since there are already available tests on assessment of Intelligence and Creativity, the focus is on the conceptualization of an assessment tool on Task Commitment. Although there is no internationally accepted definition of Task commitment, Renzulli (1978, pp. 5-14) defines it as "The ability of an individual to focus on a task for an extended period of time without distraction". Further, he includes various components of task commitment in his three-ring model of giftedness which are; High levels of interest, Perseverance, Enthusiasm, Endurance, Self-determination, Hard work and Dedicated practice, Self-confidence, Strong ego fascination, and Drive to achieve. Further he argues that without task commitment high achievement is simply not possible and demonstrated that task commitment is a necessary student variable to perform well in the process-product curriculum model and the concept model may work best with students evidencing high level verbal capacity and broad-based reading behaviors. While, Rena, (2011, pp.3-54) holds that 'Task commitment is best thought of as the constellation of psycho-social variables that translates ability and potential into outstanding performance and there are few studies showing that task commitment contributes to outstanding performance'.

In order to assess academic giftedness, studying academic task commitment is desirable. From this perspective, the present authors taking the cue from Renzulli, have defined Academic Task Commitment as the ability comprising, Endurance, Strong Ego Fascination & Perseverance, Self Confidence, Interest and Enthusiasm, Self Determination, Hard work and Dedicated Practice. Each of the components has been defined as follows.

- (a) **Endurance:** Refers to the ability to be on high psychological energy levels which facilitates completion of the academic tasks. Its various components include; Memory, Thinking and Reasoning, Problem solving, Language Competence, Planning ability, Ability to evaluate and reflect.
- (b) **Strong Ego Fascination & Perseverance:** Is the ability to intrinsically feel driven uninterruptedly towards studies and education irrespective of the difficulty levels of the learning tasks. Its various components are Interest, Academic and Intellectual Curiosity, Excitement and Self Drive towards academic activities.
- (c) **Self Confidence:** Is a belief in one's own ability to carry out academic tasks. Its different components are Self esteem, Courage and Imaginability.
- (d) **Interest and Enthusiasm:** Is the ability of the learner to feel, show and demonstrate high energy levels to be engaged in academic tasks. Its components are, Interest towards academic tasks, Thinking constantly about academic activities, Demonstration of interest towards academic tasks, and Pursuing higher levels of academic activities constantly.



- (e) ***Self Determination, Hard work and Dedicated Practice:*** Is the ability to plan and implement one's own study habits, with long hours of engagement in learning situations. Its components are Realistic Planning of studies, Effective time management, Focused Attention to the planned activities, Self discipline, and Accomplishment of planned activities.

The above conceptualization would help in developing Academic Task Commitment scale which when used in conjunction with Intelligence tests and Creativity Test would be able to identify academically gifted students in schools. Efforts are on in this direction by the present authors.

#### **[D] Educational programmes for the Gifted in India**

In its report Indian Education Commission (1964-66) criticized segregation and hence did not have a favorable opinion to consider having separate education for gifted. Kothari Commission, made many valuable recommendations including a few about gifted-education. It admitted the importance of enrichment programs and vacation programs. Later In 1986 the government of India realized the need for widening horizons for rural talented students by establishing 'Navodaya Vidyalayas' which is now called 'Jawahar Navodaya Vidyalayas' in India. Quality, Social Equity and Excellence are the three pillars on which it was conceptualized. These are residential school located one in every district. All facilities are provided. Perhaps this is one of the most successful experiments in Education in India. Perhaps, what needs to be explored here is to see whether the selected rural talented students are being nurtured to their full. Thus is an agenda before researchers in India.

There are some public schools in Delhi such as Navyug Vidyalaya and Vidya Niketan schools, Satbadi School and Mirambika school of Auribindo Ashram Delhi are schools which attempt to work as schools meant for the talented and gifted. The Netturhut in Bihar is another one which belongs to this category. The criteria of selection for these schools are not the same. There are some schools, run by non-governmental agencies, all over India, each one implementing its own criteria for selection and picking up the creamy layer of society. All of them have major focus on academic excellence.

*Jnana Prabodhini* Institute of Psychology at Pune, in Maharashtra was set up with special intention to impart enriched educational programme by segregating the intellectually gifted students after passing standard 4. The institute has been conducting after-school classes in the evening for selected gifted from secondary and higher secondary schools. During 1969, a special high school for gifted was started, which provided an altogether different pattern of school education. It was fashioned on Guilford's (1967) structure of Intellect (SOI) model. They recruit 80 students per year both boys and girls comprising of 40 each for their school. It emphasizes enrichment to nurture multiple facets of intelligence and personality. The selection of students is based on a battery of standardized intelligence tests.

## **Giftedness among School Children: A Review**

The National Institute of Advanced Studies (NIAS)'s Gifted Children's Program supported by the Principal Scientific Advisor's office (PSA) to the Government of India, is the first collaborative attempt in Indian to draw together a research base to address the issue of Gifted and to develop talent through its channel. The project has developed through a series of consultation meetings starting in 2010 with the Indian National Science Academy's (INSA) INDO-US Forum.

In the joint venture with Delhi University, headed by Jyoti Sharma, Agastya International Foundation, and the National Institute of Advanced Studies under the leadership of Anitha Kurup came together to undertake collaborative research in different areas of the program. The NIAS component of the program involved a multi-pronged approach with a focus on early identification between the ages of 3-8 years from urban backgrounds. Three important areas were identified for the project. The first was a detailed, in-depth set of classroom observations. Second a series of teachers' workshop which was planned as a platform to collaborate with teachers in order to develop insights into issues concerning gifted students. The third component was a set of case studies of children identified as 'Gifted' and demonstrating high level pathways of giftedness.

Presumably we still have many unknown gifted and talented students who may be walking, moving in front of our eyes gone un-noticed. Therefore there is a need for identifying such human resources which needs to be carefully identified, nurtured and enabled to blossom to their best, which is the responsibility of the intellectual society and humanity at large.

### **[E] Gaps and agenda for the imminent future:**

Education of the Gifted and the Talented is the responsibility of any concerned society. There are indeed many interventions taking place in different parts of the world. India is in infancy stage on this issue. Indeed there is a need to have an educational policy articulated well to focus our attention on the above agenda.

In the absence of a universally accepted common definition of giftedness and talent perhaps this area has remained green yet. There is a need for bold pronouncements and proposals, by educational planners, administrators and educational researchers and initiatives with professional training and rigor by practitioners in identifying and nurturing the gifted and the talented students.

Conceptualizing a theory of giftedness and developing tools and techniques to identify the gifted and the talented is the need of the hour. Though there are some assorted attempts in India, it is still not a priority area. This needs attention urgently.

## Giftedness among School Children: A Review

Further, pre-service teacher preparation programs and in service teacher training programs need to focus issues and concerns about the education of the gifted. Different training strategies proposed and used in different parts of the world need to be understood and adopted in the Indian context and suitably these children need to be trained.

Ultimately, it is the responsibility of all of us in working towards making gifted education a reality by design. No nation can afford to under-utilize the potentialities of its citizens. Therefore, all of us need to promote the idea of the education of the gifted and the talented with all its prerequisites in place.

**Note:** The present paper was presented in 51<sup>st</sup> National and 20<sup>th</sup> International Conference of the Indian Academy of Applied Psychology (IAAP) 6<sup>th</sup>-8<sup>th</sup> may, 2016 organized by Department of Psychology held at Jnana Bharathi, Bangalore University, Bengaluru, and Karnataka, India.

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## Attitude towards Marriage and Life Satisfaction among Mid Adults

Shefali S K<sup>1\*</sup>, Navya Shree G C<sup>2</sup>

### ABSTRACT

Middle age is one of the most important periods of human life as it is the time of transitions in terms of family responsibilities, physical health, social interests and hobbies, etc. People in this stage want to enjoy the success in personal and professional lives. Attitude towards marriage plays a very important role in life in determining ones life satisfaction. As far middle age is concerned job, socialization, marriage, and family are the contributing factors for life satisfaction in them. The objective of the study was to find the relationship between attitude towards marriage and Life Satisfaction among mid adults. The sample comprised of 60 mid adults belonging to the age range of 35 to 50 years from rural and urban areas. The tools used to asses Attitude towards marriage and life satisfaction were Marriage attitude scale (Pramod Kumar,1988) and Life Satisfaction scale (Diener, Emmons, Larsen and Griffin, 1985) respectively. Results were analyzed using Two way Analysis of Variance and Pearson co-efficient of correlation. Result showed that there is no significant gender difference in attitude towards marriage and life satisfaction among mid adults. There is no significant difference between urban and rural mid adults in their attitude towards marriage and level of life satisfaction. The findings indicated that the two variables are independent of each other and there is no significant relationship between the two.

**Keywords:** *Life Satisfaction, Marriage Attitude, Mid Adults*

In Mid age, one is required to have a proper attitude, skill and temperament towards marriage to endure success in marriage. Ruch (1970) rightly says that being the right person is more a matter of becoming the right person, but for a happy marriage right attitude is required. The ease in becoming the right person to a great extent depends on the attitude one holds towards marriage (Srivasta, 1974). Throughout the world and amongst many different cultures, attitudes towards marriage are diverse (Goslin, 2014). In India marriage is considered a lifelong partnership. It is

<sup>1</sup> II MSc Psychology Student, Department of Post Graduate Studies and Research in Psychology, SDM College, Ujire, India

<sup>2</sup> Assistant Professor, Department of Post Graduate Studies and Research in Psychology, SDM College, Ujire, India

\*Responding Author

## **Attitude towards Marriage and Life Satisfaction among Mid Adults**

the rock on which the family is built, and which, in turn, is the foundation of society. Basically, marriage is a social and legal contract. As divorce has become a modern-day norm, it is expected that the present-day mid adult tends to have a distrust of marriage as an institution. Shurts and Myers (2011) stated that individuals develop their attitudes based on a variety of experiences, including messages received from the family, the media, religious values and groups of friends. According to Akers – woody (2004) positive parental and family dynamics are related to more positive attitudes to marriage. A study by Riggio and Weiser (2008) which was a replication of a study of that of Prislin and Ovellette (1996) showed that more embedded marriage attitudes are more predictive of evaluations of general marriage issues and relationship scenarios than less embedded attitudes. Attitudes towards marriage are influenced by many other factors in society, such as divorce, culture and religion. (Akers-Woody, 2004). Therefore, it is not surprising that attitudes toward marriage can be both positive and negative depending of the experience of the individual. Bharsakharte, (2013) found that people come with different opinions and in modern society today, individuals are against marriage, as it considered an old concept and way of life that is no longer workable in today's complex world(Bharsakharte,2013). It is important to view marriage as both positive and negative.

The negative side of marriage may alter children's attitudes toward marriage. Research within the area of marital attitudes among mid adults in respect to gender differences, has produced conflicting results. Research by Braaten and Rosén (1998) and Larson, Benson, Wilson and Medora (1998) found no gender differences in marital attitudes among adults.

Research have shown that, because of hectic work schedule, Urban spouse are busy with their own carrier as well as their own friends circle and also they have also shown that rural mid adults have positive attitude towards marriage, when compared to urban mid adults.

Most of mid- adults now a day enjoy relatively good health and stabilized finances which helps them to feel satisfied with their life. Life satisfaction is the sense of contentment which an individual is getting from his life. This can be an opportunity for them to pursue their own interests and get more life satisfaction. Blanchflower and Oswald (2008) reported a significant quadratic effect of age on the happiness and life satisfaction. According to their research increased work demands, parenting adolescents, empty nesting, caring for aging parents, financial issues and retirement are some of the concerns that increases stress in mid- adults. But coping with those stressful life situations successfully brings a sense of satisfaction among mid adults about their life.

As far as middle age is concerned following parameters can be taken into account to explain the life satisfaction:

1. Job: Work satisfaction is at its peak in mid life years and the quality of work performance remains high, despite of decline in some cognitive or physical skills. Crohan, Antonucci



## Attitude towards Marriage and Life Satisfaction among Mid Adults

- et al. (1989) in their study on Americans and Africo- American men and women indicated that job satisfaction is positively related to life satisfaction for all four groups.
2. Marital life: It is likely that mid aged partners' identification of successful problem-solving strategies contribute to the sense that they have control over their relationship. Zainah et al. (2012) study on mid- adult married couple indicated that length of marriage and income has great influence on life satisfaction.
  3. Family : Middle age is also referred as 'sandwich generation' as family relationships in the middle age extend in both directions: relationship with grown children as well as with aging parents
  4. Socialization: In the process of socialization, adults prepare for a transition in role; it also involves identifying the new norms and expectations associated with such new social role as in-laws and grand parents. Mid adults have more concern for law, traditions, and cultural values and restricted acceptance against too rapid cultural change (Nema, 2015)

Several factors like family environment, work condition, social environment, financial status, marital relation etc. which affect married couples' adjustment and life satisfaction. There are several studies conducted on these correlates in different countries and societies. But still there is lacking of a dedicated study on factors affecting mid-aged couple's adjustment and satisfaction in Indian perspective which need to be addressed (Nema, 2015).

Study done by Chen.et.al (2006), showed that urban adults have reported more satisfaction with their lives, when compared with rural adults. Findings are consistent with some previous studies that indicated the importance of financial strain, depressive symptoms, filial piety, and accessibility of health services to life satisfaction among the adults in both urban and rural areas. This study also demonstrated the importance of age and family financial exchange to the life satisfaction of urban adults.

The previous researches and review of literature indicates that there is no gender difference in attitude towards marriage and life satisfaction but rural population have positive attitude towards marriage when compared to urban population.

## METHOD

### *Objective:*

1. To find the relationship among Marriage attitude and Life Satisfaction in mid adults.

### *Hypothesis:*

1. There is no significant gender difference in the level of Life Satisfaction and Marital attitude among mid adults.
2. There is no significant difference between rural and urban mid adults in Life satisfaction and Marital attitude

## Attitude towards Marriage and Life Satisfaction among Mid Adults

3. There is no significant relationship between Life satisfaction and Marital attitude among mid adults.

### ***Independent variables:***

Gender (males and females), Locality (urban and rural)

### ***Dependent variables:***

Attitude towards marriage and life satisfaction

### ***Research Design:***

The design used is 2\*2 factorial design.

### ***Sampling:***

The purposive sampling method was adopted. Sample for the study consisted of 60 mid adults, 30 from urban area and 30 from rural area. Both rural and urban sample consisted of 30 males and females each, who were married and had children. The mid adults of the age 35 to 50 years are considered for the study. For the present study the data was collected from the residents of Madanthyar, Agumbe and Uppinangadi, of Karnataka, representing the rural sample and residents of Bengaluru representing the urban sample.

### ***Inclusion criteria:***

1. Mid adults who belong to the age group of 35- 50 years
2. Married men and women with children

### ***Exclusion criteria:***

1. Divorced, separated and widowed individuals.

### ***Tools:***

1. **Life satisfaction scale (Diener, Emmons, Larsen and Griffin, 1985):** Life satisfaction scale consists of 35 items and is a five point rating scale: always, often, sometimes, seldom (rarely), and never. The score ranges from 35 to 175. The higher score indicates high level of life satisfaction.
2. **Marriage Attitude Scale (Pramod Kumar,1988):** The Marriage Attitude Scale consists of 38 highly sensitive 'yes', 'no', 'doubtful' type of items. The respondents may answer these statements on the uniform three point scale. The questionnaire consists of both positive and negative items. The reliability co- efficient values are 0.88 and 0.91 for mixed group, males and females respectively and thus the co-efficient of reliability are sufficiently high and scale can be consider as reliable for use. The present scale is sufficiently valid for measuring marriage attitude.

## Attitude towards Marriage and Life Satisfaction among Mid Adults

### ***Procedure:***

The participants were met individually. They were seated comfortably and the rapport was established. The purpose of the study was explained to them and their consent was sought to participate in the study. After collecting the socio demographic details, Marriage attitude Scale and Life Satisfaction Scale was given to the participants with relevant instructions. After completion, the scale was collected and participants were thanked for their participation and cooperation.

## **RESULT AND DISCUSSION**

The hypothesis of the study was tested using two way ANOVA and Pearson co-efficient of correlation.

***Table 1: Summary of two-way ANOVA for Marriage Attitude among mid adults from rural and urban area***

Sources of variance	Sum of Square	Df	Mean Square	F-Value	Sig
Between Locality(A)	106.667	1	106.667	1.496	.226
Between Gender(B)	9.600	1	9.600	.135	.715
A*B	6.667	1	6.667	.093	.761
Error	3994.000	56	71.321		

***Table 2: Mean and Standard Deviation on Marriage attitude among mid adults***

Group	Gender	Mean	Standard Deviation
Urban	Male	60.07	8.498
	Female	61.53	9.812
	Total	60.80	9.049
Rural	Male	63.40	8.467
	Female	63.53	6.717
	Total	63.47	7.510
Total	Male	61.73	8.505
	Female	62.53	8.324
	Total	62.13	8.353

The hypothesis stating that the rural and urban mid adults do not differ in their attitude towards marriage and there is no gender difference in the attitude towards marriage was tested using two way ANOVA. The table 1 indicates that the F value for locality (0.226) is not significant. This shows that the rural and urban mid adults do not differ significantly in their attitude towards

### Attitude towards Marriage and Life Satisfaction among Mid Adults

marriage. F value of the gender (0.715) is not significant which shows that there is no significant gender difference in the marriage attitude. F for interaction is also not significant. Thus it approves the assumed null hypothesis. A contradictory result was obtained by a study, titled “Marriage practices in contemporary China: a comparative study of urban and rural marriages in Taiwan” conducted by Wei and Reischl (1982) and the results indicated that more traditional attitude towards marriage is noted in rural areas.

**Table 3: Summary of two-way ANOVA for Life satisfaction among mid adults from rural and urban area**

Source of Variance	Sum of Squares	Df	Mean Square	F-Value	Sig
Between Locality(A)	147.267	1	147.267	.506	.480
Between Gender(B)	4.267	1	4.267	.015	.904
AB	5.400	1	5.400	.019	.892
Error	16310.000	56	291.250		

**Table 4: Mean and SD of mid adults on life satisfaction scale.**

Group	Gender	Mean	Standard Deviation
Urban	Male	142.47	15.583
	Female	143.60	16.634
	Total	143.03	15.847
Rural	Male	139.93	18.065
	Female	139.87	17.864
	Total	139.90	17.652
Total	Male	141.20	16.627
	Female	141.73	17.066
	Total	141.47	16.706

The hypothesis stating that the rural and urban mid adults do not differ in their level of life satisfaction and there is no gender difference in the level of life satisfaction was tested using two way ANOVA. The F value (0.480) for locality is not significant. This shows that there is no significant difference in life satisfaction among rural and urban mid adults. F for gender (0.904) and interaction (0.892) is not significant which indicates that there is no significant difference in life satisfaction among males and females. Thus the null hypothesis is accepted. A study done by Cheng et al (2006), supports the results as well as contradicts and the research reveals that there is no gender difference in life satisfaction of adults in China but urban adults are more satisfied with their lives, when compared to rural adults in China.

## Attitude towards Marriage and Life Satisfaction among Mid Adults

**Table 5: The coefficient of correlation between Marriage attitude and life satisfaction.**

	Marriage Attitude	Life satisfaction
Marriage Attitude	1	0.244
Life satisfaction	0.244	1

The hypothesis states that there is no significant relationship between life satisfaction and attitude towards marriage was tested using Pearson coefficient of correlation. Pearson coefficient of correlation is 0.244 which is not significant which indicates that there is no significant relationship between life satisfaction and attitude towards marriage. Thus it supports the assumed hypothesis which states that there is no significant relation between self efficacy and life satisfaction. A contradictory result was obtained by a study, conducted by Kim and Jung (2015) and the analysis revealed that attitudes toward marriage significantly differed by gender and were positively correlated with life satisfaction.

### SUMMARY AND CONCLUSION

Obtained result of the present research study shows that there is no significant gender difference in attitude towards marriage and life satisfaction among mid adults. There is no significant difference between urban and rural mid adults in their attitude towards marriage and level of life satisfaction. The findings indicated that the two variables are independent of each other and there is no significant relationship between them.

### LIMITATIONS OF PRESENT STUDY

Sample was drawn only from limited area i.e. Bangalore (Urban) and Dakshina Kannada (Rural) hence generalization is limited in its scope.

### SCOPE FOR FURTHER STUDY

The generalizability can be improved by considering large sample in urban areas as well as rural areas and also divorced, separated, mid adults with children, without children, employed and socio economic status can also be taken into consideration.

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## **A Comparative Study of Quality of Life and Coping Strategy in Depression and Obsessive Compulsive Disorder**

Kunzes<sup>1\*</sup>, Singh. R.<sup>2</sup>

### **ABSTRACT**

Quality of life includes the physical, functional, social and emotional well being of an individual. Coping strategy is one's flexibility in using different strategies according to the multiple situational demands is shown in empirical research to have an overall reduction in observable stress (Sideridis, 2006). The poor quality of life is associated with depression and obsessive compulsive disorder. Thus, the present study aims to see the quality of life and coping strategies in depression and obsessive compulsive disorder. It consists of 30 participants purposively selected from government hospitals across Gandhinagar and Ahmedabad. The participants were assigned in two groups' i.e Depression (15) and OCD (15). The respondents were assessed using quality of life questionnaire, Y-BOCS severity scale, Beck depression inventory and coping strategy inventory which was administered individually. There is no significant difference between the two groups on Coping Strategies and Quality of Life. It is found that Cognitive Restructuring and Social Support are negatively correlated with Depression. There is significant negative correlation between Problem Focused Engagement, Emotion Focused Engagement, cognitive strategy, Engagement, Quality of Life with depression. Whereas it shows no significant correlation between OCD and coping strategy and OCD and Quality of Life.

**Keywords:** *Life Satisfaction, Marriage Attitude, Mid Adults*

Quality of life is defined as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, and level of independence, social relationships, and their relationship to salient features of their environment (WHO). Quality of life includes the physical, functional, social and emotional well being of an individual. On the other side, Coping involves

<sup>1</sup> M.Phil. Clinical Psychology, Institute of Behavioural Science, Gujarat Forensic Sciences University, Gandhinagar, Gujarat, India

<sup>2</sup> Lecturer, Institute of Behavioural Science, Gujarat Forensic Sciences University, Gandhinagar, Gujarat, India

\*Responding Author

## **A Comparative Study of Quality of Life and Coping Strategy in Depression and Obsessive Compulsive Disorder**

the decision of which behaviors to utilize to handle the event and it is an interaction between the person's internal resources and external environmental demands (Lazarus & Folkman, 1984). Coping is conceptualized as efforts to ameliorate the perceived threat or to manage stress emotions (emotion-focused coping and problem-focused coping). Coping strategy is one's flexibility in using different strategies according to the multiple situational demands is shown in empirical research to have an overall reduction in observable stress (Sideridis, 2006).

Depression is characterized as persistent low mood, reduced interest in earlier pleasurable activities and reduced energy or fatigability, insomnia, low self confidence, worthlessness, hopelessness, death wishes or even suicidal attempts. These symptoms experienced for more than two weeks varying in severity level. It is one of the most common and leading cause of disability and life threatening, It is estimated to affect 350 million people globally (WHO, 2015). In India, there is high prevalence rate of late-life depression (Anisha Nakulan et al, 2015); Functional somatic symptoms are highly prevalent in Indian depressed patients (Sandeep Grover, 2013).

Obsessive Compulsive Disorder is classified in the ICD-10 as recurrent, repetitive and intrusive thoughts, images or impulses which is distressing and followed by an act of compulsions. Obsessive compulsive disorder (OCD) is a psychiatric disorder that often tends to run a chronic course. The subjects with affective or anxiety disorders who enter clinical trials have significant quality-of-life impairment, although the degree of dysfunction varies (Rapaport et al 2005) and measures of quality of life (QOL) in OCD represent important markers of well-being (Hauschildt and Moritz, 2011). The poor quality of life and coping strategy is associated with Depression and Obsessive Compulsive Disorder.

### **LITERATURE REVIEW**

The studies have shown that coping strategies used in depression are mainly avoidant coping strategies and tends to show that QOL in Depression is usually low depending on Depression severity. Whereas on comparative perspective of coping strategy and Quality of Life in Depression and OCD gives a mix result. Similarly they also give a mix idea about whether or not coping Strategy and QOL has any correlation with OCD. Koran et al (1996) study suggest that the more severe the obsessive-compulsive disorder, the lower were the patients' social functioning scores. The ratings of the obsessive-compulsive disorder patients on physical health domains resembled those of the general population and exceeded those of the diabetes patients. The general health and physical health ratings of the obsessive-compulsive disorder patients exceeded those of the depressed patients. In mental health domains, after adjustment for differences in gender distribution, quality of life ratings were similar for the patients with obsessive-compulsive disorder and those with depressive disorders. Subramanian et al (2013) in their review study suggest that most studies indicate that those with OCD had diminished QOL



## **A Comparative Study of Quality of Life and Coping Strategy in Depression and Obsessive Compulsive Disorder**

across all domains relative to normative comparison subjects; they scored better on QOL domains than patients with major depressive disorder (MDD). Although research on socio-demographic correlates of QOL in OCD is largely contradictory, most studies suggest that symptom severity and comorbid depression or depressive symptoms are predictors of decreased QOL in OCD, with numerous studies showing this association across multiple domains associated with QOL. Mario Masellis et al (2003) study found that Obsession severity was found to significantly predict patient QOL and Comorbid depression severity was the single greatest predictor of poor QOL, accounting for 54% of the variance. In a review study by Srivastava and Bhatia (2007) on Quality of Life in Obsessive Compulsive Disorder they concluded that there are several aspects to the impairment of QOL in patients with OCD which include direct impairment of QOL by such means as loss of time to compulsive behaviours and impairment related to the social isolation. Sanjaya et al (2011), Compulsive hoarders had significantly lower levels of satisfaction with their safety, were much less satisfied with their living arrangements and have lower QOL than non-hoarding OCD patients in the domains of safety and living situation. Quality of Life deficits were not restricted to emotional and social aspects of Quality of Life but extended to somatic domains (Moritz et al, 2005), There is a significantly positive correlation between disease severity (YBOCS Score) and degree of suicidal ideation (SIS Score) in OCD (Mohan Dhyani et al, 2013). OCD patients share severely compromised well-being and QOL deficits were not restricted to emotional and social aspects of QOL but extended to somatic domains (Moritz, 2005). Hauschildt and Moritz (2011), repeatedly described consequences of OCD in social, functional, and emotional fields, which often persist even after treatment, refer to the necessity to increasingly address these aspects in treatment planning. Macy et al (2013) results show that QOL in OCD is significantly impaired when compared to QOL in the general population and in patients with other psychiatric and medical disorders and appears to be largely affected by comorbid conditions.

Bystritsky et al (2001) study found that QOL were significantly lower for the OCD patients both before and after treatment, but improved significantly during treatment. Similarly, Papakostas et al (2004) review study on Quality of life assessments in major depressive disorder reports poorer quality of life in MDD patients compared to controls and that several studies have reported an improvement in quality of life measures during various phases of treatment with antidepressants and/or psychotherapy. Margaret Moore et al (2005) found that Depression and hopelessness were associated with a poorer present QOL, they had a larger gap between their actual present QOL and future (aspired to) QOL and Changes in QOL were influenced by depression and hopelessness. Angermeyer et al (2002) found that the shortly after discharge, quality of life of patients whose depression remitted was better than that of patients with persisting depression it was still slightly worse than that of the general population and even at the end of the follow-up period there was a slight lack of quality of life, especially as concerns the level of independence, spirituality/religion/personal beliefs and physical health. Kato (2015) his in study “The impact of

## **A Comparative Study of Quality of Life and Coping Strategy in Depression and Obsessive Compulsive Disorder**

coping flexibility on the risk of depressive symptoms found that the proportions of women and men who reported depressive symptoms were 58.69% and 54.17%, respectively and found that evaluation coping and adaptive coping were significantly associated with lower levels of depressive symptoms. In his another study (2015) he found that for all nationalities of American, Australian and Chinese and all genders, evaluation coping and adaptive coping were significantly correlated with lower levels of depressive symptoms. Structural equation modelling revealed that evaluation coping was associated with lower depressive symptoms for all nationalities and genders, whereas no significant relationships between adaptive coping and depressive symptoms were found for any nationalities. Chou et al (2011) study revealed that passive coping strategies mediated the relation between stress and depressive symptoms. Satija et al (1998) found that Depressive was using significantly more avoidance coping strategies as compared to non depressed. The moderate and severely depressed patient were exposed to more stressful life events and were using more avoidance coping strategies as compared to mildly depressed patients. Dyson and Renk (2006) suggest the levels of family and college stress reported by college students, as well as their endorsement of avoidant coping, significantly predicted their levels of depressive symptoms. Sugawara et al (2012), study suggest that in both genders, the highest odds ratios for avoidant coping strategy and the lowest odds ratios was associated with a problem-focused strategy after adjusting for covariates. After making the same adjustments, logistic regression analyses revealed that in both genders, the highest odds ratios were for emotional distraction coping strategies in relation to suicidal ideation. Nagase et al (2009), study that was aimed to examine the relation between depression and stress-coping strategy among the general population found that there was no marked gender difference in the prevalence of a problem-solving strategy, while various types of gender differences were found with respect to the prevalence of emotion-focused and avoidant strategies. In relation to depression, they found significantly highest odds ratios odds ratios for avoidant coping strategies and the lowest odds ratios for problem-focused ones in both genders. Najmi et al 2010, results suggest that high obsessive individuals in the non-clinical population are able to learn the futility of suppression through the thought suppression demonstration and to alter their faulty beliefs about the control of thoughts; however, for individuals with OCD, the demonstration may be insufficient for altering underlying beliefs.

### **RESEARCH METHODOLOGY**

#### ***Aim and Objectives:***

The present study aims to compare the quality of life and coping strategies in depression and obsessive compulsive disorder.

#### ***Hypothesis:***

**Ho1:** There are no significant difference in the quality of life and coping strategy among the depressive and obsessive compulsive disorder patients.

## **A Comparative Study of Quality of Life and Coping Strategy in Depression and Obsessive Compulsive Disorder**

**Ho2:** There are no relationship between Depression, Coping Strategies and Quality of Life.

**Ho3:** There are no relationship between Obsessive Compulsive Disorder, Coping Strategies and Quality of Life.

### ***Population:***

The study population were recruited from the hospitals across Gandhinagar and Ahmedabad based on purposive sampling method including both males and females diagnosed with depression and OCD. The total sample size was 30 (15 depressions and 15 OCD).

### ***Study Design:***

This is a cross-sectional between group study.

### ***Inclusion Criteria:***

- Patients who are diagnosed with Depression and Obsessive Compulsive Disorder according to ICD-10 classification.
- Age between 18 to 65years
- Both male and female
- Participant who were willing to participate.

### ***Exclusion Criteria:***

- Presence of any other psychiatric condition
- Participate who were not willing to participate.
- Below 18yrs of age and above 65yrs

### ***Tools:***

The data were collected through self-administrated questionnaire and it included socio-demographic characteristics.

The tools that would be used:

- **Quality of life Questionnaire:** WHO Quality of Life-BREF is a self administer questionnaire consisting of 26 items, attempt to develop a quality of life assessment that would be applicable cross-culturally. It measures four domains of QOL: physical, psychological, social and environment. The WHOQOL-BREF is a shorter version of the original instrument WHOQOL-100.
- **Beck Depression Inventory:** Comprising of 21 questions for measuring severity of depression. The BDI is a widely used self-rated instrument with good psychometric properties: BDI scores correlate strongly with the number of threshold symptoms as assessed by the Structural Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), demonstrating the questionnaire's construct validity.

## A Comparative Study of Quality of Life and Coping Strategy in Depression and Obsessive Compulsive Disorder

- **YBOCS Severity:** consisting of 10 questions for severity of obsession and compulsion. The Y-BOCS (Goodman et al., 1989 a; Goodman, Price, Rasmussen, & Mazure, 1989b) is a 10-item semi-structured clinician administered measure of obsession and compulsion severity. Each item addresses self-reported experiences in the last week. Questions are rated on a five-point Likert scale ranging from 0-4, with higher scores representing greater symptom severity.
- **Coping Strategy Inventory** (revised 1984), consisting of 72 items self report questionnaire and a 5 item Likert format. The alpha coefficient for the CSI from .71 to .94. There are total of 14 subscales on the CSI including eight primary scales, four secondary scales and two tertiary scales. The scale is designed to assess coping thoughts and behavior in response to a particular stressor.

### *Procedure:*

The study consisted of 30 samples divided into two groups of 15 each. After taking consent, tools were administered on each of the participants.

### *Statistical Analysis:*

SPSS .20 versions is used for statistical analysis.

## RESULTS

*Table 1. Characteristics of Participants.*

S.No.	Variables		Frequency	Percentage
1	Gender	Male	14	46.7
		Female	16	53.3
2	Marital Status	Unmarried	8	26.7
		Married	20	66.7
		Divorced/Single	2	6.7
3	Education	Illiterate	4	13.3
		<5th class	4	13.3
		5>10th class	8	26.7
		10>12th class	5	16.7
		Graduate	8	26.7
		Post Graduate	1	3.3
4	Occupation	Non working (student/Housewife/retired)	14	46.7
		Self Employed	7	23.3
		Govt or Private Organization	9	30
5	Depression	Normal range (0-9)	2	6.7
		Mild depression (10-15)	4	13.3

## A Comparative Study of Quality of Life and Coping Strategy in Depression and Obsessive Compulsive Disorder

S.No.	Variables		Frequency	Percentage
		Moderate-severe(20-29)	4	13.3
		Severe Depression(30-63)	5	16.7
6	OCD	Mild(8-15)	3	10.0
		Moderate (16-23)	3	10.0
		Severe (24-31)	9	30.0

The table showing that study comprised of both males (53.3%) and females (46.7%). Most of them were married (66.7%), educated between standard 5<sup>th</sup> and 10<sup>th</sup> or graduates (both 26.7%), non working (46.7%), 16.7 having severe Depression and 30% with severe Obsession Compulsive Disorder.

**Table 2. Mean age of the sample.**

S.No	Variable	N	Mean	Std Deviation
1	Age	30	29	1.65

The Mean age of the sample was 29 yrs with standard deviation of 1.6

**Table 3. Comparing COPING STRATEGY and QUALITY OF LIFE among Depression and Obsessive Compulsive Disorder.**

Domains	t	Sig. (2-tailed)
Problem Solving	0.29	0.77
Cognitive Restructuring	-0.08	0.93
Social Support	1.50	0.14
Expressed Emotions	0.86	0.39
Problem Avoidance	1.81	0.08
Wishful Thinking	-0.94	0.35
Self Criticism	-1.27	0.21
Social Withdrawal	1.10	0.28
Problem Focused Engagement	0.10	0.91
Emotion Focused Engagement	1.35	0.18
Problem Focused Disengagement	0.38	0.70
Emotion Focused Disengagement	-0.32	0.74
COPE Engagement	0.76	0.45
COPE Disengagement	0.03	0.97
QOL Physical Health	-0.11	0.90
QOL Psychological	-0.01	0.98
QOL Social Relationship	-.19	.85
QOL Environment	-.35	.72

## A Comparative Study of Quality of Life and Coping Strategy in Depression and Obsessive Compulsive Disorder

Table 3 showing no significant difference between the two groups on Coping Strategies and Quality of Life.

**Table 4. Pearson Correlation between Depression (1) and Coping and Quality of Life.**

S.no	Variables	Pearson Correlation	Sig. (2-tailed)
1	Problem Solving	-0.49	0.06
2	Cognitive Restructuring	-.56*	0.02
3	Social Support	-.58*	0.02
4	Expressed Emotions	-0.39	0.14
5	Problem Avoidance	-0.12	0.66
6	Wishful Thinking	0.05	0.85
7	Self Criticism	0.35	0.19
8	Social Withdrawal	0.34	0.21
9	Problem Focused Engagement	-.54*	0.03
10	Emotion Focused Engagement	-.65**	0.00
11	Problem Focused Disengagement	-0.04	0.87
12	Emotion Focused Disengagement	0.45	0.08
13	COPE Engagement	-.61*	0.01
14	COPE Disengagement	0.30	0.27
15	QOL Physical Health	-.63*	0.01
16	QOL Psychological	-.69**	0.00
17	QOL Social Relationship	-.86**	0
18	QOL Environment	-.81**	0

*Correlation is significant at the 0.05 level (2-tailed).\**

*Correlation is significant at the 0.01 level (2-tailed).\*\**

Table 4. Showing that Cognitive Restructuring, Social Support, Problem Focused Engagement, Emotion Focused Engagement, tertiary subscales of cognitive strategy (Engagement) are significantly negatively correlated (-.56, -.58, -.54, -.65 and -.61 respectively) with Depression. All domains of Quality of Life Physical Health, Psychological health, Social Relationship and Environment is significantly negatively correlated with depression as -.63, -.69, -.86 and -.81 respectively).

# A Comparative Study of Quality of Life and Coping Strategy in Depression and Obsessive Compulsive Disorder

**Table 5. Pearson Correlation between Obsession Compulsive Disorder (1) and Coping and Quality of Life.**

S.no	Variables	Pearson Correlation	Sig.(2-tailed)
1.	Problem Solving	-0.26	0.34
2	Cognitive Restructuring	0.08	0.76
3	Social Support	-0.19	0.48
4	Expressed Emotions	-0.13	0.64
5	Problem Avoidance	0.19	0.47
6	Wishful Thinking	0.14	0.60
7	Self Criticism	-0.13	0.63
8	Social Withdrawal	0.33	0.21
9	Problem Focused Engagement	-0.10	0.70
10	Emotion Focused Engagement	-0.16	0.55
11	Problem Focused Disengagement	-0.10	0.70
12	Emotion Focused Disengagement	0.09	0.74
13	COPE Engagement	-0.16	0.55
14	COPE Disengagement	0.24	0.38
15	QOL Physical Health	0.08	0.77
16	QOL Psychological	-0.17	0.54
17	QOL Social Relationship	-0.32	0.24
18	QOL Environment	0.18	0.52

*Correlation is significant at the 0.05 level (2-tailed).\**

*Correlation is significant at the 0.01 level (2-tailed).\*\**

Table 5, shows no significant correlation between OCD and coping strategy and OCD and Quality of Life.

## DISCUSSION

The present study aims to see the quality of life and copying strategies in Depression and Obsessive Compulsive Disorder with total sample size of 30 participants (15 Depression and 15 OCD). The study comprised of both males (53.3%) and females (46.7%). Most of them were married (66.7%), educated between standard 5<sup>th</sup> and 10<sup>th</sup> or graduates (both 26.7%), non working (46.7%), 16.7 having severe Depression and 30% with severe Obsession Compulsive Disorder (Table 1). The Mean age of the sample is 29 yrs with standard deviation of 1.6 (Table 2).

It is found that there is no significant difference between the two groups on Coping Strategies and Quality of Life (Table 3). Thus accepting the stated hypothesis *Ho1*. Karan et al (1996) also

## **A Comparative Study of Quality of Life and Coping Strategy in Depression and Obsessive Compulsive Disorder**

suggest that Quality of Life in patients with OCD and Depression was similar. Whereas Subramanian et al (2013), showed that patient with OCD scored better on Quality of Life domains than patients with Major depressive disorder.

Secondly, It is found that Cognitive Restructuring and Social Support are negatively correlated negatively (-.56 and -.58) with Depression (*P value at 0.05 levels*) indicating that increase in depression will decrease cognitive restructuring and social support as shown in Table 4. Gençöz et al (2001), study that was done to assess information processing in depression showed lower rates of positive adjective endorsement and lower rates of positive adjective recall were found to be associated with depression. Prince et al (1997), showed similar result that there was a stronger, graded, relationship between the number of social support deficits and depression. Loneliness was itself strongly associated with depression. Paykel (1994), review paper found that for social support there are greater problems in the extent to which social support may be determined by the individual's own behavior. Absence of social support appears to be associated with onset and relapse of depression, both acting independently and modifying effects of life events. Timbremont and Braet (2004) indicated that the depressed and the remitted depressed groups rated more negative words more self-descriptive than the never depressed group; the never depressed group showed positive information processing compared to the depressed and the remitted depressed groups.

The correlation between Problem Focused Engagement and Depression is -.54 significant at .03 (*P value at 0.05 levels*) and Emotion Focused Engagement is -.65 significant at .008 (*P value at 0.01*). On the tertiary subscales of cognitive strategy, Engagement is negatively correlated (-.61) with Depression at 0.014 (*P value at 0.05 levels*). Matthew (2014) found that among never-depressed individuals, less primary control coping (e.g., problem-solving) and greater disengagement coping (e.g., avoidance) predicted increases in depressive symptoms. Studies have shown more avoidance coping strategies in Depression (Satija et al, 1998, Dyson and Renk 2006, Sugawara et al 2012 and Nagase et al 2009).

All domains of Quality of Life Physical Health, Psychological health, Social Relationship and Environment is significantly negatively correlated with depression as -.63, -.69, -.86 and -.81 respectively). Physical Health significant at .011 level (*P value at 0.05*) and Psychological Health, Social Relationship and Environment significant at 0.004, 0 and 0 (*P value at 0.01 level*) similar study by Puig-Antich et al (1993) found Adolescents with MDD have severe difficulties in all areas of psychosocial functioning and family environment.

Thirdly, on Table 5, it shows no significant correlation was found between OCD and coping strategy and OCD and Quality of Life, therefore the stated hypothesis *H<sub>o3</sub>* is accepted. Our Study showing no significant correlation between OCD and coping strategy and OCD and



## **A Comparative Study of Quality of Life and Coping Strategy in Depression and Obsessive Compulsive Disorder**

Quality of Life could be because most of the patients with OCD were undergoing pharmacological and psychotherapeutic treatment. Studies have been In contrast to our findings for QOL and coping in OCD, a review study by Srivastava and Bhatia (2008) on Quality of Life in Obsessive Compulsive Disorder found that there are several aspects to the impairment of QOL in patients with OCD, Lebowitz et al (2012) found that family accommodation is common in OCD and is strongly and consistently correlated with OCD symptom severity and Rampacher et al (2010) suggested that the patients with OCD were impaired in problem solving.

### **LIMITATION AND FUTURE SUGGESTIONS**

The present study had small size so it can be suggested that a study can take larger sample size in future. Secondly it can be suggested that other psychiatric conditions can also be compared.

### **CONCLUSION**

The present study aimed to see the quality of life and coping strategies in depression and obsessive compulsive disorder reveals that there is no significant difference between Depression and OCD on Coping Strategies and Quality of Life. It is found that Cognitive Restructuring and Social Support are significantly negatively correlated with Depression. There is significant negative correlation between Problem Focused Engagement, Emotion Focused Engagement and Depression. On the tertiary subscales of cognitive strategy, Engagement is negatively correlated with Depression. Quality of life is significantly negatively correlated with depression but it shows no significant correlation between OCD and coping strategy and OCD and Quality of Life.

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## Quality of Life among Parents of Mentally Challenged Children

Rishi Panday<sup>1\*</sup>, Nazish Fatima<sup>2</sup>

### ABSTRACT

**Background:** A child born into family is usually received with joy and considered a blessing but when the child is handicapped and blessing is clearly mixed. Acceptance of child with mental handicap becomes difficult to parents and the whole family particularly when competence and achievement are very much valued in modern world. A parent shows a series of reactions after knowing that their child is disabled. These include shock, denial, guilt, sorrow, rejection and acceptance. Questions like 'why me?' 'How can it be?' keep arising without answers. This study was based on quality of life among parents of children with mentally challenged and it was gender based study. **Aim:** To study the gender differences in term of Quality of Life among parents of mentally challenged children. **Methods and Material:** It was cross sectional study conducted at RINPAS, Samples were recruited through purposive sampling technique. Semi-structured interview schedule was developing to assess the demographics profile and Quality of life scales were administered on parents of children with mentally challenged. **Results:** Finding of this study showed that parents of male children have good Quality of Life in comparison to the parents of female children.

**Keywords:** Parents of mentally challenged children, Quality of Life.

The parents of children with female mentally challenged absolutely face more difficulties than parents of children with male mentally challenged, which in turn affect their quality of life. Many factors can influence the quality of life of the parents with mentally challenged children in family. Parents are in family who deal with the issues associated with child's disability and also maintain the household so it is very important for parents to take some time to care for themselves as individuals and getting enough sleep, eating regular meals, taking a short walk, and doing the things that they really enjoy. Parents having a child with mentally challenged experience a variety of stressors and stress reactions related to the child's disability and known to get impacted in many ways because of having a special child. These include feeling sad, depression at various stages of life and experiencing other emotional reactions.

<sup>1</sup> Ph.D. Scholar, Department of Social Work, J.M.I, New Delhi, India

<sup>2</sup> M.Phil. Scholar, Department of Psychiatric Social Work, RINPAS, Ranchi, India

\*Responding Author

Mental retardation refers to substantial limitations in present functioning. It is characterized by significantly sub average intellectual functioning, existing concurrently with related limitations in two or more of the following applicable adaptive skill areas like communication, home living community, use help and functional academics, and work. Mental retardation manifests itself before the age of 18 years (American Association on Mental Retardation, 1992).

### REVIEW OF LITERATURE:

**Wright (1988)** studied attempt to evaluate the effects of the stresses of having a child with disabilities on the lives of their parents. The study compared the parents of children with disabilities to the parents of children without disabilities. It was found that the parents of children with disabilities did not differ from the other parents with respect to self image, and quality of life or life satisfaction. **Geetha and Bhaskar (1993)** found characteristics of the families of mentally retarded children and normal children. It was found that there is significant difference between two groups on all the variables studied. **Lachiewicz (1994)** conducted a study on Behavioural disorders in moderately mentally retarded children and relation to parental attitude. The result indicated that parents have a negative attitude towards their children with mental retardation. **Simerman et al. (2001)** find out that father's involvement in the lives of their young children with severe intellectual disability was highest in the areas of playing, nurturing, discipline and deciding services. **Helgeson (2003)** social support as a mitigating factor in relation to quality of life is not a new concept. Social support itself is a highly complex construct, with structural and functional measures. The perceived usefulness, reliability and flexibility of these supports can impact on caregiver's wellbeing and quality of life. **Mungo et al. (2007)** reported lower quality of life for parents of children with a pervasive developmental disorder when compared to parents of children with an intellectual disability, cerebral palsy, and non disabled children. When compared to autism, those parenting child with down syndrome reported less depression and stress and higher quality of life. **Palmer et al. (2006)**. **Sawyer (2010)** found that when quality of life for caregivers of children with autistic spectrum disorder and an intellectual disability was compared to quality of life for those caring for a normally developing child. The research investigated differences of overall quality of life between groups. The result showed a difference in overall quality of life between groups. There Childs behaviour was found to have significant relationship with caregiver's quality of life. **Dogar (2012)** found that mothers had scored higher on quality of life in environment domain when their MR Child had the ability to do judgement in daily living; Fathers of the MR Child who can reason have scored higher on this domain than the fathers of the MR persons who cannot reason. Malhotra, Khan and Bhatia study in the same year revealed that parents of children with MR and autism seem to display a higher burden and impaired quality of life.

### *Aim:*

- To study the gender deferens in term of Quality of Life among parents of mentally challenged children

## **METHODS AND MATERIAL:**

It was cross sectional study conducted at RINPAS, Samples were recruited through purposive sampling technique. Semi-structured interview schedule was developing to assess the demographics profile and Quality of life scales were administered on parents of children with mentally challenged.

### ***Inclusion Criteria for parents of Mentally Retarded Children***

1. Parents of mentally challenged children (children's age range was between 5-12 years, diagnosed as moderate mental retardation).
2. Age range of parents was between 20-45 years.
3. Parents who were able to comprehend the instructions.
4. Parents who gave consent to participate in the study.

### ***Exclusion Criteria for parents of Mentally Retarded Children***

1. Parents who had more than one mentally retarded child (diagnosed as mild, severe and profound level of mental retardation, having any co-morbid condition like cerebral palsy, mental illness, and vision or hearing impairment).
2. Parents having psychiatric illness and physical illness.

### ***Tools:***

#### **1. SOCIO-DEMOGRAPHIC DATA SHEET:**

It contains information about socio-demographic variables like age, sex, religion, education, marital status and domicile which is semi-structured, self-prepared Performa especially drafted for this study.

#### **2. QUALITY OF LIFE SCALE (WHOQOL-BREF., Hindi version):**

Hindi version of the WHOQOL-Brief has been derived from the original World Health Organization Quality of Life Scale. The Hindi version WHOQOL-Brief Scale is adopted by Saxena et al. (1998). WHOQOL-Brief is a short version of WHOQOL-100 questionnaires. WHOQOL-Brief has been tested in 15 centres including New Delhi and Chennai from India. WHOQOL-Brief contains 26 questions in 4 major domains (i.e. physical health, psychological health, social relationships and environment) to measure the quality of life. This scale emphasizes subjective experiences of the respondents rather than their objective life conditions. The alpha score of all domain ranges from 0.59 to 0.87, coronach alpha of the all domains are 0.87, the factor loadings of the item ranges 0.52 to 0.84 WHOQOL-BREF is highly valid version across cultures.

1. **Psychological domain** – measures the self perception and cognitive ability
2. **Physical domain** – measures physical problems like joint pain, hearing, vision and sleep difficulties
3. **Social domain** – measures the level of social life, personal relations, social support, family acceptance and social interaction

## Quality of Life among Parents of Mentally Challenged Children

**4. Environmental domain** – measures living conditions, security, availability of medical assistance, opportunity of recreation and facilities

**Table-1: Socio-demographic variables between parents of Mentally Challenged Children**

Variable		Group		df	$\chi^2$
		Male	Female		
<b>Gender</b>	Male	18(60%)	15(50%)	1	1.03NS
	Female	12(40%)	15(50%)		
<b>Marital Status</b>	Married	27(90%)	29(98.3%)	1	1.01NS
	Widow	3(10%)	1(3.3%)		
<b>Education</b>	Primary	3(10%)	9(30.3%)	5	23.8NS
	Secondary	9(20%)	9(30.0%)		
	H. Secondary	11(36.7%)	2(6.7%)		
	Graduation	7(23.3%)	1(3.3%)		
	PG and Above	0(0%)	1(3.3%)		
<b>Domicile</b>	Rural	24(80.0%)	21(70%)	2	4.28NS
	Semi-urban	3(10.0%)	3(10%)		
	Urban	3(10%)	6(20%)		
<b>Occupation</b>	Farmer	21(70%)	18(60%)	4	21.60NS
	Pvt.Job	3(10.0%)	6(20.0%)		
	Govt.Job	3(10%)	3(10%)		
	Others	3(10.0%)	3(10%)		
<b>Patient's education</b>	Primary	12(40%)	12(40%)	2	2.32NS
	Secondary	9(30%)	6(20%)		
	Other	9(30%)	12(40%)		

NS= Not Significant

**Table 2: Quality of life among parents with mentally challenged children**

Variable	Group		T
	Male (N=40) Mean $\pm$ SD	Female N=40) Mean $\pm$ SD	
PHYSICAL	26.50 $\pm$ 2.97	21.54 $\pm$ 3.23	5.46**
PSYCHOLOGICAL	20.36 $\pm$ 4.66	17.23 $\pm$ 3.57	4.70**
SOCIAL	10.70 $\pm$ 2.78	7.16 $\pm$ 2.37	4.28**
ENVIRONMENTAL	24.54 $\pm$ 3.98	19.63 $\pm$ 4.48	3.62**
<b>Total Quality of Life</b>	82.10 $\pm$ 14.39	65.56 $\pm$ 13.65	4.47**

\*\*=significant at 0.05 Level

\*\*=significant at 0.01 Level



## Quality of Life among Parents of Mentally Challenged Children

Table 1 shows the demographic details of parents of mentally challenged children. The findings of the above table indicate that there is no gender difference found in terms of socio-demographic details. In both groups no significant difference is found.

Table 2 shows the details of Quality of life among parents of mentally challenged children. The mean score of Physical health of parents of male child is  $26.50 \pm 2.97$  and parents of female child are  $21.54 \pm 3.23$ . The t value of Physical health is 5.46 and it is most significant at 0.01 levels. The mean score of Psychological health of parents of male child is  $20.36 \pm 4.66$  and a parent of female child is  $17.23 \pm 3.57$ . The t value of Psychological health is 4.70 and it is most significant at 0.01 levels. The mean score of Social health parents of male child is  $10.70 \pm 2.78$  parents of female child is  $7.16 \pm 2.37$ . The t value of Social health is 4.28 and it is most significant at 0.01 levels. The mean score of Environmental health of parents of male child is  $24.54 \pm 3.98$  parents of female child is  $19.63 \pm 4.48$ . The t value of Environmental health is 3.62 and it is most significant at 0.01 levels. The mean score of Quality of Life of parents of male child is  $82.10 \pm 14.39$  parents of female child is  $65.56 \pm 13.65$ . The t value of Quality of Life is 4.47 and it is most significant at 0.01 levels.

### DISCUSSION & CONCLUSION:

Findings of the study show that no significant difference found in socio-demographic detail between both groups. Findings of this study indicate that Physical, Psychological, Social and Environmental health of better parents of male mentally challenged children in comparison to female mentally challenged children. Parents of children with mental retardation and autism seem to display a higher burden and a significant impairment in their quality of life. These findings must be taken into account in policy making to provide better and more specific supports and interventions for this group of diseases. More attention should be given to parents' (and in particular mothers') needs. Social support and different coping strategies should be developed to respond positively to individual changing needs and in buffering parents from the stress of having a child with disability. New research should be conducted to measure the effectiveness of these strategies. In addition, effective and sustainable psycho-social programs are needed to provide necessary support for the special needs of the children and their families. The study concluded that the parents of children with mental retardation had average quality of life in physical, psychological, social and environmental aspects and poor quality of life in financial aspect. This emphasizes parents of children with mental retardation face financial burden and also diminished quality of life in social aspect. Thereby health care professional especially nurses must focus on improving the quality of life and their survival.

### FUTURE DIRECTIONS AND IMPLICATION:

The future studies must attempt to carry out other social aspect which is related to parents of mentally challenged children. The scope for intervention by mental health professionals, especially, psychiatric social workers in planning and delivering adequate therapeutic services in the clinical context.

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## **The Impact of Personal Characteristics on Innovative Work Behaviour: An Exploration into Innovation and Its Determinants amongst Teachers**

Kanan Deep Kaur<sup>1\*</sup>, Dr. Vibhuti Gupta<sup>2</sup>

### **ABSTRACT**

The present research examined the impact of personal characteristics on innovative work behaviour of 120 teachers. Using the survey method, participants were asked to give responses on the measures of innovative work behaviour, work engagement, work locus of control, and affect. Pearson's product moment correlation was calculated to see the relationship between work engagement, work locus of control, affect (positive affect & negative affect), and innovative work behaviour. The effect of confounding variables – grade, age, and experience on innovative work behaviour was also observed by calculating a 2x2x3 between subjects ANOVA. The quantitative analysis revealed that positive affect was the strongest predictor of innovative work behaviour followed by internal work locus of control while there was no significant effect of the confounding variables on innovative work behaviour. The study has implications for innovation development and implementation in schools, and developing screening methods for teachers.

**Keywords:** *Innovation Development, Innovative Work Behaviour, Work Engagement, Work Locus Of Control, Affect, Teachers.*

Teachers plant the seeds of understanding the world and its rules in their students; they provide their students with not only the knowledge but also the ability to attain and synthesize it. In the fast-paced and rapidly changing society of today, innovation is becoming a key driving factor for sustainability and success. This facet is even more crucial in schools - they play a vital role in the knowledge economy, a fact stressed by different governments (Thurlings, Evers, Vermeulen, 2014), they have to constantly indulge in new ways of imparting valuable information to students, and make efforts to sustain their curiosity and interests. Another reason to stress the

<sup>1</sup> Department of Applied Psychology, University of Delhi, South Campus, New Delhi, India

<sup>2</sup> Assistant Professor, Department of Applied Psychology, University of Delhi, South Campus, New Delhi, India

\*Responding Author

## **The Impact of Personal Characteristics on Innovative Work Behaviour: An Exploration into Innovation and Its Determinants amongst Teachers**

requirement of innovative behaviour in education is the increasing demands of our knowledge intensive society on both students and teachers (Brandsford, Derry, Berliner, & Hammerness, 2005) and introduction of new technologies, ideas, and curriculum changes. Additionally, teachers not only transfer knowledge to students but also impart the students with the skills of gathering knowledge and actively constructing meaning on their own (Thurlings, Evers, Vermeulen, 2014).

A look into innovative work behaviour (IWB) in teachers can thus provide a number of useful insights, regarding - the factors that drive change in schools, how innovative behaviour can be enhanced in schools such that it leads to optimal outcomes, and most importantly how it can contribute to our society at large by enhancing how children accumulate and assimilate knowledge.

In this research we look into the various personal characteristics of teachers that may affect their innovative work behaviour at school. The factors considered in this research are - work engagement, work locus of control (internal/external), affect (positive/ negative), and confounding variables - grade, age, and experience. Messmann and Mulder (2011) set the premise to our research; in their qualitative study of innovative work behaviour in teachers, they used the critical incidents technique, and structured interviews to conclude that motivation and personality of teachers are important triggers for innovative work behaviour. They further suggested that future research must probe in this direction to explore how the characteristics of teachers act as antecedents to their innovative work behaviour.

Innovative behaviour has been defined differently by different authors; in a comprehensive definition Janssen (2000) defines innovative work behaviour as *the intentional creation, introduction and application of new ideas within a work role, group or organization, in order to benefit role performance, the group or the organization*. He further suggested that innovative work behaviour consists of idea generation, idea promotion, and idea realization.

Innovation research has taken two forms in the past – the macro approach and the micro approach. The macro approach considered the organization as a single unit of analysis and innovations here were seen as closely linked to economic growth and organizational success, leading to more emphasis on market dynamics, innovation diffusion and management (Messmann & Maulder, 2011) than individual contribution, social aspects of innovation process were still taken into account (Von Hippel, 1995)

The recent micro approaches to innovations imply the important role of the individual as an innovator (Anderson, De Dreu, & Nijstad, 2004, Messmann and Maulder, 2011). Innovations are being viewed as more than just an important part of the organizational functioning, but also as

## **The Impact of Personal Characteristics on Innovative Work Behaviour: An Exploration into Innovation and Its Determinants amongst Teachers**

beneficial to employees in terms of meeting job demands, communication, and job satisfaction (Janssen, 2000). Innovations are now seen as intentional introduction of new ideas and their subsequent utilization and applications. This research explores innovation in the same context.

Messmann and Maulder (2012) propose that innovative work behaviour is a multi-dimensional construct and that different dimensions of innovative work behaviour are linked to different stages of the innovative process. This idea has its roots in Kater's (1988) ideas. The process of innovation begins at Opportunity Exploration which encompasses recognition of problem areas that hold potential for development, next is the Idea Generation stage where novel ideas take birth followed by Idea Promotion which aims at gaining the group's approval, and necessary resources for implementation. Lastly, Reflection which is present in all stages to keep a check on the ideas and their development. Innovative work behaviour thus is a dynamic, multi-stage process which is context bound.

We assessed innovative work behaviour using the self-report questionnaire developed by Messmann and Mulder (2012) which provides a context bound measurement of innovative work behaviour in teachers. Here, innovative work behaviour is seen as a set of tasks/work activities carried out by individuals in their job roles.

The other constructs looked into were the construct of work engagement, defined as *a positive, fulfilling, affective-motivational state of work-related well-being that can be seen as the opposite to job burnout* (Bakker, Schaufeli, Leiter & Taris 2008), work locus of control-based in Rotter's seminal work describes how the behaviour of people is affected by their belief in the origin of success or reward; and if they depend on forces within themselves-internal locus of control; or forces such as luck or destiny- external locus of control (Rotter, 1966). Lastly, Affect was assessed based on the models by Tellegen, 1985; Watson & Tellegen, (1985) who describes high positive affect with key words such as '*active, excited*' while low positive affect as '*drowsy, dull*'. High negative affect can range from '*distressed, fearful*' to '*calm and relaxed*'.

Researches done in the past, although sparse, provide meaningful insights into the problem discussed in this research.

Messmann and Maulder (2011, 2012) in their extensive research with vocational teachers provide a sound basis to the current research. Numerous findings are noteworthy – In 2011, through their qualitative assessment of the construct and its dimensions, the authors established that teachers report self-actualization, motivation, curiosity, and openness as the primary personal characteristics that act as triggers for innovative work behaviour. In 2012, their review indicated that perceived self-efficacy, impact, and intrinsic motivation were identified mediating factors for innovative work behaviour. Lastly, their 2012 research states that future research must

## **The Impact of Personal Characteristics on Innovative Work Behaviour: An Exploration into Innovation and Its Determinants amongst Teachers**

look beyond vocational teaching to explore innovation development in teachers in the general education system; they also suggest a look at this construct quantitatively to establish a substantiated understanding.

In other research; Binnewies and Gromer (2012) in a sample of 89 teachers in Germany looked into Creative requirement, Job control, Co-worker and supervisor support for creativity, Personal initiative, Idea generation, Idea promotion, and Idea implementation. They concluded that idea generation was positively influenced by job control and creative requirements: teachers should feel they have control over their jobs, and at the same time, they need to be challenged to be creative. Messmann & Maulder (2014) concluded that engagement in all innovative behaviours can be enhanced by creating an intrinsically motivating work environment that contains collaborative work structures, a safe space for errors and reflection, and sensitivity for context-specific problems and needs. Messmann and Mulder (2011), and Horng, Hong, Chanlin, Chang & Chu (2005) found a positive relationship between intrinsic motivation and innovative behaviour. Tomic and Brouwer (1999), Ross and Bruce (2007), and Messmann and Mulder (2011) suggested that positive communication with others affected innovative behaviour. Tomic and Brouwer (1999) gathered data from 146 secondary education teachers on open ended questionnaires analysed through mixed methods, specifically indicated that talking to colleagues promoted idea generation.

Thus, it was hypothesised that - *There will be a positive correlation between innovative work behaviour and work engagement* (Hypothesis 1); *There will be a positive correlation between innovative work behaviour and positive affect* (Hypothesis 2); *There will be no/negative correlation between innovative work behaviour and negative affect* (Hypothesis 3)

Further, Curiosity has been linked to Innovative work behaviour as a contributor to the first step in an innovation process, it facilitates opportunity exploration, this link has been supported by Messmann and Mulder (2011) where they found curiosity to be an important factor in teachers in relation to their active involvement in innovation development and in overcoming difficulties encountered in the innovation process. Curiosity was also found to be important in a study by Horng et al. (2005) where through interviews and observations, it was concluded that teachers who were curious demonstrated more creative teaching behaviour. Borasi and Finnigan (2010) found creative problem solving (finding ways to work around problems and identifying alternative strategies or approaches), capitalizing on a crisis, and dysfunction important for innovative behaviour. Successful teachers took advantage of the crisis or disorganization in their institution as a way of moving their own entrepreneurial initiatives forward. Self-efficacy has often been studied in the context of schools, more specifically, in the context of educational improvements and teacher learning. Research points out that the higher the self-efficacy of teachers, the more they are open to new ideas and the more willing they are to experiment with

## **The Impact of Personal Characteristics on Innovative Work Behaviour: An Exploration into Innovation and Its Determinants amongst Teachers**

new methods to better meet the needs of their students. Self-efficacy has been linked to Innovative work behaviour by various other researchers (Horng et al., 2005; Mueller et al., 2008; Runhaar, 2008; Stylianidou et al., 2005). Runhaar (2008) found a positive correlation between teacher self-efficacy and their innovative behaviour in vocational education. According to Yu, Wu, Chen & Lin (2007) in a quantitative research involving 1493 employees (521 of them were elementary school teachers) looked into adult playfulness, job satisfaction, organizational playfulness climate, job performance and innovative work behaviour. They reported that adult playfulness also had a positive effect on innovative behaviour. Messman and Mulder (2011) also found that self-actualization was a factor that triggered innovative work behaviour. Aiming to improve work processes and developing new things was also important for innovative behaviour. Thus, two hypotheses were formed further - *There will be a positive correlation between innovative work behaviour and internal work locus of control* (Hypothesis 4); and *there will be no/negative correlation between innovative work behaviour and external work locus of control* (Hypothesis 5)

We identified a research gap in past research there was a need to look into the influence of school context and differences within the school system, and how they affect innovative work behaviour in teachers (Thurlings, Evers & Vermeulen, 2014). Messman and Maulder (2010) through correlation analysis of innovative work behaviour in vocational teachers showed that age and work experience correlated positively with innovative work behaviour. While age (inside the classroom;  $r = .43$ ,  $p < .01$ ) and work experience correlated positively with innovative work behaviour (inside the classroom;  $r = .34$ ,  $p < .05$  and outside;  $r = .30$ ,  $p < .05$ ). In providing further insight into these findings the authors proposed that with age and experience vocational teachers had better understanding of the needs of their students and characteristics of their future job options. This effect was noteworthy and thus was measured in this research to ascertain if results varied for academic teachers in schools on various grade levels, age groups and years of experience.

In the Indian educational context, changes in approaches to teaching are being introduced by means of information and computer technology, the system is introducing changes to emphasize the importance of practical learning. Recent changes in assessment and evaluation implemented by the Central Board of School Education have taken a step forward in this direction by introducing new methods of evaluation to assess students on various aspects. These changes demand teachers to implement new projects and materials in their assessment to enable a holistic assessment of their students. This approach is in tandem with how research on innovation in schools has been carried out in the past, research focuses on systematic innovations which involve large scale reforms of projects that are based on externally designed innovations (Messmann and Maulder, 2011). Although important for the development of educational practices at large, this approach fails to look into the local contexts that influence innovative

## **The Impact of Personal Characteristics on Innovative Work Behaviour: An Exploration into Innovation and Its Determinants amongst Teachers**

behaviour. System-wide innovations view teachers as merely users of innovation rather than being the innovators themselves. This research thus attempts to fulfil the need to look into the personal characteristics within teachers that influence innovative practices for both system-wide innovations and individually initiated ones.

### **METHOD**

The study was preceded by a pilot study to test the comprehension of the self-report questionnaire of innovative work behaviour developed by Messmann and Mulder (2012). The sample included 5 teachers who volunteered as participants. The sample was based in Delhi, India and it was made sure that the sample was collected from varied schools and grade levels. As a result an introductory text was added to set the context and the statements of the original measure of innovative work behaviour were modified to enable better understanding of the statements.

#### ***Participants***

Data was collected from Patiala, Punjab. The sample for this study included 120 participants achieved through convenient sampling. The final sample included 120 participants who ranged in grade – primary, secondary, and higher secondary; age from 21 – 57 years (Mean age = 39.08 years, SD= 7.69 years), and in experience from 01-34 years (Mean experience = 12.28 years, SD= 6.98 years). Those teachers were considered who were presently teaching in a school (I.C.S.E/C.B.S.E). The gender of the sample was not controlled due to the skewed gender distribution of teachers in the region with more female teachers to male teachers.

#### ***Materials used***

The sample of 120 teachers completed 4 instruments, namely – Innovative Work Behaviour Scale by Messmann & Maulder, 2012; Utrecht Work Engagement Scale (UWES; Schaufeli, Salanova, González-Romá & Bakker, 2002a); the Work Locus of Control - 8 (Spector, 1988); Positive and Negative Affect Schedule Short Form (I-PANAS-SF), a short 10-item version (Thompson, 2007).

#### ***Innovative Work Behaviour***

A 20 item self-report questionnaire developed by Messmann and Maulder (2012) was used to measure Innovative Work Behaviour (IWB). Each item is rated on a 6-point likert scale ranging from 1(does not apply) to 6 (fully applies) to report the extent to which each work activity adequately describes their work behaviour. The language of the items was modified to enable better understanding; this modification was tested in a pilot study prior to formal data collection. An introductory text was provided which was modified from its original version to ensure better comprehension and establishment of a context.



## **The Impact of Personal Characteristics on Innovative Work Behaviour: An Exploration into Innovation and Its Determinants amongst Teachers**

Evidence for construct validity for the measure was reported in Messmann and Mulder (2012) and was obtained through two studies. In both of these studies, exploratory factor analysis was used to research and develop a measurement model of IWB in combination with theoretical considerations (Messmann and Mulder 2012). The evidence for criterion validity was obtained through relations between the dimensions of IWB and individual and criterion variables. Cronbach's alpha was achieved for the various dimensions was satisfactory - Opportunity Exploration ( $\alpha = .72/.81$ ), Idea Generation ( $\alpha = .82/.87$ ), Idea Promotion ( $\alpha = .88/.86$ ) and Reflection ( $\alpha = .75/.81$ )

### ***Work Engagement***

Work Engagement was assessed using the Utrecht Work Engagement Scale (UWES; Schaufeli, Salanova, González-Romá & Bakker, 2002a). The construct consists of 3 dimensions – Vigour, Absorption and Dedication. The measure has strong inter-correlation where the three dimensions are closely related. The correlations between the dimensions of work engagement are more than .65. There is strong internal consistency where Cronbach's  $\alpha$  for all case values and are at .70 or exceed it. For the different dimensions of the construct, Cronbach's  $\alpha$  values range from .80 and .90 (Schaufeli & Bakker, 2003). The measure also shows strong reliability over time. The two year stability coefficients obtained for the three dimensions are strong; vigour (.30), dedication (.36) and absorption (.46) (Schaufeli & Bakker, 2003).

### ***Work Locus of Control***

To measure Locus of Control a domain specific construct - Work Locus of Control - 8 (WLOC), a short version was used. The measure contains 8 items with 6-point likert rating scale where the responses range from 1 (disagree very much) to 6 (agree very much). The scoring was modified for ease of analysis - separate scores for each dimension – Internal Locus of Control and External Locus of Control were recorded. Coefficient alpha was .81 for the 8-item version ( $n = 1170$ ). The norms for this construct in India state a mean score of 46 which indicates a external work locus of control (Spector, 1988)

### ***Affect***

The International Positive and Negative Affect Schedule Short Form (I-PANAS-SF), a short 10-item version by Thompson, 2007 of the PANAS of Watson, Clark, & Tellegen (1988) was used to measure affect. PANAS measures two dimensions of mood – Positive Affect and Negative Affect. The measure consists of 10 items which are rated on a 5 point interval measure ranging from 'Never' to 'Always'. The I-PANAS-SF PA subscale had a satisfactory correlation with the full PANAS PA subscale of .65 ( $p < .01$ ), and the respective NA subscales had a correlation of .59 ( $p < .01$ ) suggesting a satisfactory comparison with the full form. The test-retest coefficient of reliability for both the PA and NA is the same, at .84 ( $p < .01$ ), suggesting acceptable temporal stability.

# The Impact of Personal Characteristics on Innovative Work Behaviour: An Exploration into Innovation and Its Determinants amongst Teachers

## Procedure

The data gathered was analysed quantitatively. Correlations were calculated for all the variables and subsequently multiple regression was computed for significant correlates of innovative work behaviour using step-wise regression method. To assess the effect of confounding variables on innovative work behaviour a 2X2X3 factorial design with a between subjects comparison of Age (35 and below, and above 35), Experience (10 years and below, and above 10 years) and Grade (Primary, Secondary and Higher Secondary was taken.

## RESULTS

**Table 1: Pearson product moment correlation coefficients between the study variables for the total sample (N = 120)**

	IWB	WE	Internal WLOC	External WLOC	PA	NA
IWB	—					
WE	0.370**	—				
Internal WLOC	0.317**	0.346**	—			
External WLOC	0.017	-0.087	-0.093	—		
PA	0.389**	0.493**	0.182*	-0.068	—	
NA	-0.065	-0.068	-0.1	0.117	-0.235**	—

\*\* Correlation is significant at less than 0.01 level (2- tailed) \* Correlation is significant at less than 0.05 level (2-tailed)

Results indicated a positive correlation between innovative work behaviour (IWB) and work engagement (WE) ( $r = .37$ ,  $p < .01$ ), between innovative work behaviour and internal work locus of control (IWLOC) ( $r = .32$ ,  $p < .01$ ), and between innovative work behaviour and Positive Affect (PA) ( $r = .39$ ,  $p < .01$ ). The correlation coefficients have been reported in table 1. **Thus, hypotheses 1, 2, and 4 were accepted.**

Furthermore, correlation analysis indicated an insignificant (but negative) correlation between innovative work behaviour and negative affect, thus **hypothesis 3 was accepted**. An insignificant correlation was obtained between innovative work behaviour and external work locus of control, thus, **hypothesis 5 was accepted**.

A regression analysis was done using the step-wise method where, the R and R square values were obtained (table 2). The beta coefficients, t value and the significance value can be seen in table 3.

**The Impact of Personal Characteristics on Innovative Work Behaviour: An Exploration into Innovation and Its Determinants amongst Teachers**

**Table 2:  $R^2$  and Adjusted  $R^2$  values for predictor variables (positive affect, internal work locus of control) as predictors for the criterion variable (innovative work behaviour)**

Criterion Variable	Predictor Variable	R	R Square	Adjusted R Square
Innovative work behaviour	Positive Affect	0.389	0.152	0.144
	Internal Locus of Control	0.463	0.214	0.201

**Table 3: Beta coefficients, t-values and significance values for multiple regression**

Model		Unstandardized coefficients		Standardized coefficients	t	Sig.
		B	Std. Error	Beta		
1	Positive Affect	1.958	0.43	0.389	4.591	.000
2	Positive Affect	1.724	0.42	0.343	4.114	.000
	Internal Work Locus of Control	0.754	0.25	0.255	3.057	0.003

Dependent Variable –innovative work behaviour

Using the independent variables - positive affect, work locus of control and work engagement to predict innovative work behaviour, yielded a coefficient of multiple regression (R) of .389 and an adjusted multiple regression square ( $R^2$ ) of .144 for positive affect, indicating that 14.4% of the variance caused in innovative work behaviour is accounted for by positive affect (Table 2). Since the step-wise method was used for multiple regression, the next variable that caused variance in innovative work behaviour was internal work locus of control. Together both these variables yielded a coefficient of multiple regression (R) of .463 and an adjusted multiple regression square ( $R^2$ ) of .201; thus internal work locus of control caused a variance of 5.7% in innovative work behaviour among teachers.

When Innovative work behaviour was predicted it was found that positive affect (Beta coefficient = 0.389,  $p < .01$ ), and internal work locus of control (Beta coefficient = 0.255,  $p < .01$ ) were significant predictors (Table 3).

# The Impact of Personal Characteristics on Innovative Work Behaviour: An Exploration into Innovation and Its Determinants amongst Teachers

**Table 4: Two-Way ANOVA results for the effect of confounding variables (Age, Experience and Grade) on Innovative Work Behaviour**

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Age	59.305	1	59.305	0.57	0.452
Experience	80.886	1	80.886	0.777	0.38
Grade	33.862	2	16.931	0.163	0.85
Age * Experience	194.516	1	194.516	1.869	0.174
Age * Grade	106.061	2	53.03	0.51	0.602
Experience * Grade	15.838	2	7.919	0.076	0.927
Age * Experience * Grade	52.699	2	26.35	0.253	0.777
Error	11238.979	108	104.065		

Further, the result of the between subjects ANOVA indicated that there was no significant difference between the two age levels; younger and older [ $F(1, 108) = .057, p = .452$ ], two levels of experience; less experienced and more experienced [ $F(1, 108) = .077, p = .38$ ] and the three grade levels with respect to innovative work behaviour [ $F(2, 108) = .016, p = .85$ ]. There was also no interaction effect seen between age and experience for this variable [ $F(1, 108) = .407, p = .667$ ]. The results were similar for the interaction between age and grade [ $F(2, 108) = .051, p = .602$ ] and between experience and grade [ $F(2, 108) = .076, p = .927$ ]. Also, the interaction effect of all the three variables i.e. age, grade and experience was insignificant on innovative work behaviour [ $F(2, 108) = .253, p = .777$ ].

## DISCUSSION

This research aimed at looking into the relationship between innovative work behaviour and work engagement, work locus of control (internal/external), and affect (positive/negative) in teachers. We found that while work engagement, internal work locus of control, and positive affect correlated positively with the construct of innovative work behaviour (as hypothesized); positive affect and internal locus of control were the significant predictors. In accordance with the hypotheses it was also seen that there is a no significant correlation (though negative) between negative affect and innovative work behaviour and an insignificant correlation between external work locus of control and innovative work behaviour. Further, the confounding variables – grade, age, and experience had no significant effect on innovative work behaviour. The results achieved in this study help us gain a better understanding of the construct of innovative work behaviour; they are similar to the past research done in the same context. From

## **The Impact of Personal Characteristics on Innovative Work Behaviour: An Exploration into Innovation and Its Determinants amongst Teachers**

previous research we know that employees who are engaged tend to report high levels of energy, zeal towards their work and a sense of being completely engrossed in work such that a track of time cannot be maintained while they are working (Bakker, Schaufeli, Leiter & Taris, 2008). Research indicates a positive coping style, self-efficacy, self-esteem (based in the organization), optimism are related to work engagement (Bakker & Demerouti, 2008). Further indications were that when faced with demands from a broad array of contexts, engaged individuals believed that they could successfully achieve those demands. Similarly, individuals with an internal locus of control are more likely to consider outcomes to be dependent upon one's effort and skill, while individuals with an external locus tend to attribute outcomes to chance and often constructs like destiny, fate or luck (Rotter, 1966). Research has established that the construct of locus of control is based on a cause and effect relationship where behaviour being displayed currently is affected by what one expects the future will hold. In terms of affect, research has shown while positive affect contains the feelings of enthusiasm, being active and alert, a high positive affectivity can be characterized as a state of being high on energy, full of concentration and experiencing pleasurable engagement where as a low positive affectivity can be categorized as being dull and lethargic. On the contrary, negative affectivity is a dimension seen as a state of un-pleasurable engagement which may include within itself an array of aversive mood states. A low negative affect would indicate a state of calmness and tranquility. Thus, it can be deduced that aspects of work engagement, internal locus of control and positive affect are intricately related to each other and a cumulative contribution, of these three will lead to positive work outcomes.

The current research indicated that positive affect and internal work locus of control were the significant predictors of innovative work behaviour in teachers. These findings are in line with and are further explained by a few researches in the past; Judge et al, 2008; studied positive affect which was experimentally induced, had cognitive consequences that seemed to improve performance on cognitive tasks. Individuals in a positive mood generated more cognitive associations and were more flexible in terms of how they thought about problems, thus making them more effective at creative problem solving tasks. Tomic and Brouwer (1999), Ross and Bruce (2007), and Messmann and Mulder (2011) also stated that positive communication played an important role in the idea generation stage of innovative work behaviour.

Similarly, locus of control has an influence on job performance and career success via motivational processes. Research by Wang et al. (2010) lends an explanation to our findings and states that individuals with an internal locus of control set themselves up for more challenging goals and are more likely to pursue them even when things get difficult. Thus, showing a superior performance as compared to individuals with an external locus of control; it is also seen that internals are better at social situations – they show consideration of others and better interpersonal skills. Finally, internals cope with problems proactively when faced with difficult

## **The Impact of Personal Characteristics on Innovative Work Behaviour: An Exploration into Innovation and Its Determinants amongst Teachers**

situations. They engage in problem focused coping and seek instrumental social support. Thus internal locus of control has a significant impact on the four aspects of innovative work behaviour – opportunity exploration, idea generation, idea implementation and reflection as measured in this research. Research further states that job control and creative requirements positively influence idea generation; while another research by Messmann & Maulder(2014) suggests creating a work environment that facilitates intrinsic motivation, collaborative work structures, a room for errors and reflection to enhance innovative behaviour.

Our results are further supported by Messmann and Mulder (2011), and Horng et al (2005) who found a positive relationship between intrinsic motivation and innovative behaviour. Self-efficacy is an important factor that is at play here. It has often been studied in the context of schools, more specifically, in the context of educational improvements and teacher learning. Research points out that the higher the self-efficacy of teachers, the more they are open to new ideas and the more willing they are to experiment with new methods to better meet the needs of their students. Self-efficacy has been linked to innovative work behaviour by various other researches (Horng et al., 2005; Mueller et al., 2008; Runhaar, 2008; Stylianidou et al., 2005). Runhaar (2008) found a positive correlation between teacher self-efficacy and their innovative behaviour in vocational education.

Finally, unlike for vocational teachers (Messman and Maulder, 2010) grade, age, and experience did not seem to have an influence on innovative work behaviour in teachers. It can be possibly assumed that in the Indian Education System there seem to be a lack in differentiation of the job role and expectations from a teacher to create an impact on their engagement in innovations. Thus, personal characteristics seem to have a bigger impact than contextual factors rooted in the system in teachers and their innovative work behaviour.

### **CONCLUSION**

This research indicated that there is a positive correlation between innovative work behaviour and positive affect, innovative work behaviour and internal work locus of control and innovative work behaviour and work engagement where positive affect and internal work locus of control were the strongest predictors of innovative work behaviour respectively. On the other hand there was an insignificant correlation between negative affect and innovative work behaviour and an insignificant correlation was found between external locus of control and innovative work behaviour. Lastly, the confounding variables – grade, age, and experience had no effect on innovative work behaviour in teachers.

Research on innovative work behaviour in teachers could continue in several directions. Firstly, one of the limitations of this research is a lack of depth in terms of qualitative data. Future research must take into account a deeper probe through a mixed method design. Secondly, the

## **The Impact of Personal Characteristics on Innovative Work Behaviour: An Exploration into Innovation and Its Determinants amongst Teachers**

impact of school and its structural components such as the level of experience a teacher has, their grade and their age may have an impact on how they engage in innovative work behaviour, there is scope to take this research further and see the effect of work context on the variables. Thirdly, future research can capture nuances of the effect of work context by looking into the government sector in comparison to private sector teaching in India; this can also help in deducing the factors that drive innovation in both. Finally, research in the future can attempt to map these traits over a larger sample to provide a more inclusive assessment of innovation in teachers.

Nonetheless this research has some meaningful implications for education in India – The insight into the predictor variables of Innovative work behaviour in teachers can assist in designing of screening methods for recruitment of teachers in schools by measuring their work locus of control and affect. It can also help predict their contribution to innovation processes at school. Schools can also try to create a conducive environment for teachers which facilitate positive affect and allows room for initiative to provide breeding ground for innovations.

In conclusion, the research indicates that positive affect and internal work locus of control are the significant predictors of innovative work behaviour in teachers, thus it is important that teachers should be provided with an environment which allows for autonomy in their job role to enhance their performance. Also, activities that promote positive affect can be introduced in the school context to keep teachers motivated and engaged to initiate ground-breaking innovations.

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## Women's Desire for Freedom and Power Motive: A Study

Dr. Lakshmi Pandey<sup>1\*</sup>, Bi. Shabila<sup>2</sup>

### ABSTRACT

Women have changed; they entered into a world previously occupied solely by men. In recent decades, more and more women have achieved notable progress in occupations previously reserved for men. The present study aimed to examine the relationship between women's desire for social freedom and power motive among college going girls. The study was conducted on a sample of 200 college going girls in the age range from 18-26 years who were enrolled in a large university of Bihar. WSF scale developed by M. Saha and power motive inventory developed by H.Ojha were employed to capture responses. Result shows that women with high and low WSF score had differing significantly with respect to their need for power motive. Results also indicate that all educated girls had a moderate level of WSF score and moderate urges of power motive. Thus, findings revealed that co-efficient of correlation between the scores of WSF and power motive among girls was positive and significant at .01 level.

**Keywords:** *Women's Desire for Freedom, Power Motive & Educated Girls*

The status of women in India has long been paradoxical. They have had access to professions such as medicine, teaching and politics and have the right to own property. Among some social classes, women are extremely powerful. Women have been taking increasing interest in recent years in income generating activities, self-employment and entrepreneurship. This is seen in respect of all kinds of women both in urban and rural areas (Rajini, 2008). Women are taking up both traditional activities (Knitting, pickle making, toy making, jam and jelly making) and also non-traditional activities (like computer training, catering services, beauty parlor, gym etc.).

The economic, social, religious, cultural and psychological factors affect origination and success of women empowerment (Habib, Roni & Haque, 2005). The reasons and motivations for starting business or economic activities by rural women are enormous. The important reasons are earning money or attractive source of income, enjoying better life, availability of loans, favorable government policy, influence of success stories, personal satisfaction, desire to utilize own skill

<sup>1</sup> Assistant Professor (Sr. Scale) of Psychology; B.N. College, Bhagalpur, TMBU, Bhagalpur, BIHAR (INDIA)

<sup>2</sup> Research Scholar, Dept. of Psychology, TMBU, Bhagalpur, BIHAR (INDIA)

\*Responding Author

## **Women's Desire for Freedom and Power Motive: A Study**

and talents, unfavorable present working environment, self-employment and employment to others, assurance of carrier and family security, fulfillment of creative urge of the borrowers' experience in family business, self-confidence, non-ability to find suitable job or work,

However, due to the traditional practices and customs the status of women has not improved much. Some women have felt that traditional values and practices are interfering and restrictive in the development of their personality. They have started protesting against the traditional values and are trying to break through the old values. The women who are actively engaged in protesting social norms and restrictions against women are the modern women. They have strong urge for social freedom. But there are a good number of women who have little urge for social freedom and are happy in leading a traditional way of life there is individual differences in the urge for social freedom in women. Free participation of women in the National Development Plan is the need of the hour. The modern women have changed their outlook and attitudes to social issues, norms etc. in the interest of the development of the nation. The urge for social freedom in women has its importance in the life of women as well as the nation.

**Women's Desire for Social Freedom:** Literally the desire for social freedom is a desire to get rid of responsibilities and restrictions which are uneasy and unpleasant. But in recent years, it does not necessarily mean the desire to get rid of a responsibilities or traditional roles with a number of restrictions. In fact, it is a desire to achieve equality and liberty in social life. Equality means equal treatment to all section or treats every person or group of persons as human being. Discrimination in treatment to son and daughter, rich and poor etc. is unjust. Privileges and opportunities must be offered to all on equal terms. Liberty stands for independence and freedom to act upon one's impulse. Freedom is necessary for full growth of one's potentialities and personality. So anything which goes against the principle of equality and liberty is the source of dissatisfaction.

Women's desire for freedom is born of the feminine spirit, which is the absolute, elemental, inner urge of womanhood. It is the strongest force in her nature; it cannot be destroyed; it can merely be diverted from its natural expression into violent and destructive channels. The chief obstacles to the normal expression of this force are undesired pregnancy and the burden of unwanted children. These obstacles have always been and always will sweep aside by a considerable proportion of women. Driven by the irresistible force within them, they will always seek wider freedom and greater self-development, regardless of the cost. The sole question the society has to answer is how shall women be permitted to attain this end?

Society, in dealing with the feminine spirit, has its choice to clearly defined alternatives. It can continue to resort to violence in an effort to enslave the elemental urge of womanhood, making of woman a mere instrument of reproduction and punishing her when she revolts. Or, it can permit her to choose whether she shall become a mother and how many children she will have. It

## **Women's Desire for Freedom and Power Motive: A Study**

can go on trying to crush that which is uncrushable, or it can recognize woman's claim to freedom and cease to impose diverting and destructive barriers. If we choose later course, we must not only remove all restrictions upon the use of scientific contraceptive, but we must legalize and encourage their use.

Freedom and control are two opposite situations. But, both freedom and control are regarded important for existence and power growth. Women desire for social freedom is concerned with the grievances of women against men who are in privileged positions and treat women as their subordinates. In the words of Bhusan (1987) women's desire for social freedom means women's desire to be free from social taboos, conservative rituals and roles which provide them a lower status in the society. Many studies have revealed that women of today have become conscious of their lower status, which they consider man made and unjustified. The roles assigned to women are not in accordance with their merit and privilege allowed to them doesn't in accordance to the services they render to the family and society. In the Indian context, a number of studies have revealed how girls are discriminated from boy's right from their birth (Baic, 1976; Leopard, 1976; Nanda, 1976; Kapur, 1979). Some modern women are eager to uplift their status equal to men and wish to be independent in many respects.

Nevertheless, women have changed; they entered into a world previously occupied solely by men. In recent decades, more and more women have achieved notable progress in occupations previously reserved for men. As women have moved from domestic to paid labour in a workplace, their aspirations, attitudes and performance have changed and improved dramatically. This runs parallel to their occupation in previously male-dominated functions, positions and roles. Women today have achieved educational levels compared to men and are an economic force with buying power of their own. As a result of their newly gained freedom Indian women have distinguished themselves in various spheres of life as politicians, orators, lawyers, doctors, teachers, administrators and diplomats. They are not only entrusted with work of responsibility, but also they perform their duties very honestly and sincerely. It is a fact that women are intelligent, hard-working and efficient in work. They put heart and soul together in whatever they undertake. There is hardly any sphere of life in which Indian women have not taken part and shown their worth. Women exercise their right to vote, contest to Parliament and Assembly, seek appointment in public office and compete in other spheres of life with men. This shows that women in India enjoy today more liberty and equality than before.

**Power motive:** The Power motive is conceived as a desire to acquire status and have an impact on others, thus affecting their behaviour and emotions (winter, 1992). In the more general meaning of the term, it is identified with a factor that is fundamental to the conception of leadership, namely the motivation to acquire and to exert social influence, so that possessing a certain amount of power would appear to be a necessary requirement to be an effective leader. Power as an influence on behaviour is shedding some of its long-standing mystique as more

## **Women's Desire for Freedom and Power Motive: A Study**

people admit they like it, want it, enjoy it, and desire more of it. Even more intriguing is the fact that power has been considered a masculine trait and carried the connotation of dominance, aggressiveness and competition, whereas women have been described as submissive, cooperative and passive. These differences are the result of a pre-determined pattern of socialization of boys and girls and the roles that are ascribed to them across the life span from birth to senescence.

Over the last 15 years, two significant changes have been occurring that give a somewhat different perspective to the concept. One is that power is a facilitating factor as demonstrated when individual, whether male or female, strives to influence others in the achievement of organisational goals. This form of power, known as socialised power, is present in those managers who are most successful in their leadership roles. In contrast, personal power serves as an inhibiting factor when an individual seeks to achieve individual goals at the expenses of others or organisation. There is some empirical evidence to indicate personal power is associated with unfavourable behaviours such as excessive drinking, aggressive behaviour and sexual and personal exploitation.

Power motive is one of the social motives based on McClelland's theory of human motivation: a concern for impact, which is associated with a need to acquire social status and prestige (McClelland, Davis, Kalin & Wanner, 1972; McClelland, 1975). Power motives refer to individual differences in the human tendency to be dominant and to achieve control over means that can be used to influence other individuals (Veroff, 1957). Striving for status, dominance, superiority, or controlling positions are thus typical of manifestation of the power motive (Winter, 1973). For both men and women, the power motive predicts both career plans and later career behavior (McClelland, 1985b; Winter, 1973, 1988). Winter and Stewart's, (1976) define the power motive as the desire for power or for the feelings associated with having power. The goal state of the power motive is the experienced satisfaction of having an impact on other people that is, both feeling more powerful and finding gratification in that feeling, powerful social roles (including some occupations) provide opportunities and incentives for impact on others. Such occupations usually require actual power behavior and reward skill at using power.

The motives are thought to tap dispositions and processes operating outside of conscious awareness; therefore, they have been termed "implicit motives" (McClelland, Koestner & Weinberger, 1989, p. 690). The motives tend to "predict spontaneous behavioural trends over time" and are expressed in terms of needs like need for power (n-power) (McClelland et.al. 1989; McClelland, 1975). This n-power can only be satisfied when one is able to make decisions or take actions that affect others lives (McClelland, 1975, Winter, 1973, 1992). Although power typically has been cast in a dark shadow, some have urged that the motivation of power can drive pro-social influence as well (Magee & Langer, 2008). Need for power is thought to have a profound effect on thought and behavior.

## Women's Desire for Freedom and Power Motive: A Study

The concept of women power threw up a host of contradictions and inconsistencies as the sex role continues to be undefined and ambiguous. Power among women has only recently received attention of social scientists. Recent literature has shown that among women, power motive interacts with sex-role conception or style of self-definition and other social roles (Steward & Winter, 1976). McClelland (1975) suggests that the traditional female role accentuates the power motivated women's concern with building up her resources in order to be more powerful (rather than to act powerfully) a concern was focused particularly on the body and its discipline.

Women power can possibly be defined in terms of **two dimension-attitude** and **belief**-which are not mutually exclusive. It consists of the extent to which women express their likes and dislikes towards power behavior as well as their belief towards social system, i.e., when, how, over whom, for what goals and with what constraints it should be exercised. To be considered as a dimension of individual differences, power has to be defined in terms of such factors as aggression, dominance, assertiveness, self-consciousness, internal control, leadership and so forth.

By and large, roles of women are changing day by day in the modern world. Women are altering their roles or life purposes from traditional areas to nontraditional areas that, in turn, reflects role strain and role conflict within the families and societies. Here, we are concerned how the women power is expressed by the women. Since most of the cultures are governed by the "male chauvinism", women have fewer opportunities for expressing power or the need for power because of the fear of power or the threat from traditional roles. Falbo & Peplau (1980) suggests that females are more likely to resort to using indirect influence strategies because they feel they do not have sufficient power to use direct strategies. They found that the influence strategies students used with intimate partners would be characterized along the dimensions of directedness and bilaterally. Females used unilateral and direct strategies such as non-compliance, withdrawal and negative effect. If a woman does not use direct power, she may risk being labeled pushy or overbearing. Falbo, Hazen & Linimon (1982) have conducted an experiment where females were assigned both direct and indirect power options, females were evaluated less favourable and seen as less competent when using more direct approaches. Thus, in power positions women may not choose to wield power directly, but may accept that options rather than facing the aversive consequences associated with the use of more "**masculine**" behaviors.

Although, most of the researches carried out in the area of power motive on men, the genders do not differ in average levels of power motives (reviewed in Stewart & Chester, 1982), and high power motive among women tend to choose and enter the same carriers as high power motive men (Winter, 1988).

Similarly, Singh (1986) found in his studies on Indian college students that subjects higher in need for power tended to be reserved, forthright, trusting, conservative, adherent, interested in

## **Women's Desire for Freedom and Power Motive: A Study**

people and not much interested in money. Corroll (1987) examined the relationship of power motive with narcissism, affiliation and intimacy and found that power motive is significantly and positively related to narcissism and need for intimacy. The survey of researches on power motive by psychologists and sociologists gives an impression that power motive has been considered as an important variable which has significant impact on human personality, human activities and interpersonal interaction. But studies on power motive of women with reference to their desire for social freedom have not been done. There is a lack of researches in the area of women's desire for social freedom and need for power motive. Women's with lower level of WSF are having tradition attitude and higher level of WSF are expressed modern views and having a strong urge of power motive.

In addition, psychologists have tried to study socio-psychological factors associated with the urge for social freedom in women. Verma, (1995) has investigated the relationship of WSF with some needs such as achievement, affiliation, change etc. and also with instrumental and terminal values. Sah, (1995) has explored the relation of some personality factors such as self concept, intolerance for ambiguity, adjustment etc., with WSF. In a few study WSF of women of organised and unorganised sector of social life have also been explored (M. Sah, 2002). But WSF in relation to power motive has not been explored.

### ***Purpose of the study***

The main purpose of the present study was to measure the level of women's desire for social freedom, need for power motive among college going girls and also determine the relationship between women's desire for social freedom and the level of power motive.

### ***Objectives of the study:***

- To measure the level of WSF among educated girls.
- To study the power motive among educated girls.
- To study how WSF and power motive in educated girls are link together.

### ***Hypothesis***

Based on literature review a few hypotheses were formulated and tested:

1. Women with strong desire for social freedom will be scored high on power motive Inventory.
2. Women with high and low WSF will differ with respect to their need for power.
3. Women desire for social freedom and urge for power would be positively correlated.

## **THE RESEARCH STRATEGY**

### ***The Coverage and Setting***

The sample of the present study consists of 200 educated girls from 18 to 26 yrs of age, studying 1<sup>st</sup> year of college up to the Ph.D. degree from different degree colleges & P.G. departments at

## Women's Desire for Freedom and Power Motive: A Study

T.M. Bhagalpur University. They were selected through purposive sampling technique with the help of admission & attendance register of the college. All the respondents were regular students and belong from lower and middle class families.

### *Tools used:*

1. **Women's desire for social freedom (WSF) Scale-A** Hindi version of WSF scale developed by M. Sah which includes 24 items had been used in this study. This scale cover WSF in the area like parental and husband control, social customs, rituals and taboos, marriage, bondage, economic independence and interference to occupational choice etc. The higher score indicates strong desire for freedom.
2. **Power Motive Scale**-Power Motivation Inventory (PMI) developed by H. Ojha (1979) which includes 30 items had been used. This inventory is related to four ways of experiencing power motive as identified by McClelland (1975), they are-deriving power through connection with significant others, acquiring power through possession of wealth self-discipline, displaying power through self-assertion and helping behaviour and gaining power through acting as an agent of higher institutions and higher authorities. The higher score on this scale indicates a higher level of power motivation and low score indicates a lower level of power motive.

## RESULTS AND DISCUSSION

The obtained data were analyzed and presented in the tabular form in the light of the objectives and hypothesis of the research.

*Table1: Comparison of power motive scores of the high and low WSF group*

Group	N	M	SD	SE	t-value	df	p-value
High WSF	32	28.56	2.51	.44	29.44	83	P<.01
Low WSF	53	14.43	1.52	.21			

Women's having WSF scores above the third quartile point (Q3) were categorized in the high WSF group and the women's having WSF scores falling below the lower quartile point were categorized in the low WSF group. Table 4 shows the comparison of power motive scores of the high and low WSF groups. Results indicate that the women's having high score on WSF also had strong urge of power motive as compared to low WSF group. Thus the hypothesis no.1 is accepted.

It was hypothesized that women's with high and low WSF score will differ significantly with respect to their need for power motive. It is apparent from the table 1 that the t-value (29.44) is significant at .01 level. This shows that there was a significant differences between the mean power motive scores of the two groups in which the women's of high WSF had a higher mean than the women's of low WSF group. The careful scrutiny of this data revealed that only 16 %( 32) girls were scored in the upper quartile range (Q3) whilst 26.5 %( 53) girls scored below lower quartile range (Q1).



## Women's Desire for Freedom and Power Motive: A Study

**Table 2: Relationship between WSF and power motive scores**

Dimension	N	M	SD	R	Df	p-value
WSF	200	15.03	1.21	.886	198	P<.01
PMI	200	18.49	1.35			

It was hypothesized that the scores of WSF and power motive will be positively correlated. The values of obtained mean, SD and correlation co-efficient between WSF and power motive are presented in table 2.

From inspection of table 2 it is apparent that the average WSF score of educated girls is 15.03, with a SD of 1.21, which indicates the moderate level of women's desire for freedom. The average power motive score is 18.49 with a SD of 1.35, which indicates also the moderate urges of power motive. Results also show that the obtained co-efficient of correlation between the scores of WSF and power motive among women is positive and significant at .01 level. Thus, the results are in complete accord with the earlier findings recorded by some of the investigators (Nazmi & Ahmad, 2005; Mishra & Singh, 2015 ).

### CONCLUSION

The findings of the study clearly indicate that all the respondents were expressed moderate level of WSF and eager to uplift their social status equal to men. They were also expressed moderate urge of power motive. These findings correspond with other research findings. There is no denying the fact that women in India have made a considerable progress in the last fifty years, but yet they have to struggle against many handicaps and social evils in the male dominated society. It also confirm to the image of women in a changing scenario. The liberating effect of economic independence and social change is revolutionizing their lives enormously. Hence, it is needless to say industrialization, globalization and liberalization has made a tremendous impact on women's status and empowerment.

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## **A Critical Overview of Research Studies on the Role of Positive Psychology Interventions in Enhancing Subjective Well-Being among High School Students**

Jayashree Sanghani<sup>1\*</sup>, Saroj Arya<sup>2</sup>

### **ABSTRACT**

In the present educational system, students face a lot of pressure, stress and expectation from self and others which leads to experiencing negative emotions. These factors hinder children's all round development and scholastic achievement leading to low subjective well-being and poor life satisfaction. Hence, there is a need to foster positive emotions. A critical overview has been done on the role of Positive Psychology Interventions in enhancing positive emotions of the students in experiencing well-being, and satisfaction. School psychology has been focusing on addressing the problem and providing solutions. Experiencing positive emotions is more important for accomplishment and well-being than the absence of negative emotions. The essence of Positive Psychology Interventions is to remove what is wrong and bring in what is strong, by fostering positive factors important for flourishing and accomplishment. Research has shown that Positive Psychology Interventions are significantly related to student well-being which can augment life satisfaction.

**Keywords:** *Subjective Wellbeing, Positive Psychology Interventions, Life Satisfaction*

Adolescence is a critical period in personality development. Schools play an important role in assisting youth to develop cognitive, social and emotional skills. It is absolutely essential for the school curriculum to include the broader aspects of human development (Walters L, 2011). There is a need to develop the skills of resilience, creativity and persistence (O' Brien & Larson, 2008). As such, decisions have been made for schools to adopt a new paradigm of education for the 21st century (Fielding, 2001; Jackson & Davis, 2000; MacDonald & Hursh, 2006; Yates, 2007).

<sup>1</sup> Research Scholar, Mewar University, India

<sup>2</sup> Guide Mewar University, India

\*Responding Author

## **A Critical Overview of Research Studies on the Role of Positive Psychology Interventions in Enhancing Subjective Well-Being among High School Students**

The school curriculum presently in India is primarily focused on the completion of the portions for the year and the emphasis is on achieving better grades and competing with each other instead of discovering and honing capabilities and strengths of the children. The concept of children gaining better results must change to them receiving satisfying ones (Shwartz, 2004). People who are satisfied are less worried about regret, more optimistic, happier, less neurotic and less depressed than people who are not satisfied.

The prevalence of low well being and high depression among young people is shockingly high worldwide. Nearly 20% of them experience an episode of clinical depression by the end of high school (Lewinsohn et al, 1993). A systematic review and meta-analysis of Prevalence of Child and Adolescent Psychiatry disorders in India reveals the prevalence of 6.4% in community sample and 23.33% in school samples (Malhotra & Patra, 2014), subject to various reasons like academic stress and dissatisfaction, peer pressure, poor family relationship leading to high level and frequency of negative emotions leading to low subjective well being. The prevailing situation lays a foundation for generating positive emotions among school children through Positive Psychology Intervention.

### ***Positive Psychology***

Positive Psychology is defined as the scientific study of well-being and optimal human functioning (Gable & Haidt, 2005). Since a seminal article by Seligman and Csikszentmihalyi (2000) called for a renewed focus within the social sciences on positive aspects of human functioning, the field has grown rapidly and is now established as a credible and ever-evolving field of research and practice (Rusk & Waters, 2013).

The emphasis of positive psychology is on strengths and virtues and to shift focus from solely on psychological deficits to a balance of remediation of difficulties and proactive building of strengths and qualities (Seligman & Csikszentmihalyi, 2000).

The theoretical underpinnings of positive psychology stem from the work of Seligman (2002), who has proposed that happiness consists of the pleasant life, the engaged life and the meaningful life. The pleasant life is achieved when people are able to experience positive emotions about their past, present and future lives. The engaged life is felt when one is deeply involved and absorbed in what one is doing in multiple life roles, including love, work, and play. The meaningful and flourishing life is defined as using one's strengths in the service of something larger than oneself (Seligman, 2002).

### ***Subjective Well-Being***

The scientific construct of subjective well-being comprises of both cognitive and affective self evaluation of one's life and experiences (Diener 1994).

## **A Critical Overview of Research Studies on the Role of Positive Psychology Interventions in Enhancing Subjective Well-Being among High School Students**

Subjective well-being is a broad concept that includes experiencing pleasant emotions, low levels of negative moods and high life satisfaction. It is comprised of three separate but related constructs, specifically frequency of positive affect, frequency of negative affect, and level of life satisfaction. *Life satisfaction* – Diener (1994) defined global life satisfaction (LS) as a person's cognitive judgement of his or her satisfaction with life on the whole. *Positive affect* – Diener (1994) defined positive affect (PA) as situationally bound positive emotion (e.g., positive mood characterized by interest, engagement, and energy). *Negative affect* – Diener (1994) defined negative affect (NA) as situationally bound negative emotions (e.g., negative mood such as fear, sadness and anger).

### ***Life Satisfaction***

Global Life Satisfaction (GLS) is a person's cognitive judgement of his or her satisfaction with life as a whole (Diener., 1994)

During childhood and adolescence, academic achievement is important because in today's society, academic accomplishments as well as failures determine an individual's future academic career and job opportunities (Kadison and DiGeronimo, 2004; Rana and Mahmood, 2010). Several studies were evaluated and published several by Fordyce (1977,1983) that suggested, happiness can be boosted by Positive Psychology Interventions(PPI).

Individual's performance reflects life satisfaction across life domains.( Life Satisfaction and Students Performance). Rode et al., posited that life satisfaction has both statistical and practical significance to students' performance .

Longitudinal studies provide evidence that the correlation between academic performance and life satisfaction might be reciprocal i.e., high achievement score may increase life satisfaction which eventually motivates students to get better grades. (Samdal et.al).

A study conducted across nations reported that the experience of positive emotions was more strongly related to life satisfaction than the absence of negative emotions (Kuppens, Peter; Realo,Anu; Diener,Ed, 2008).

Positive emotions predicted increase in both resilience and life satisfaction. Negative emotions had weak or null effects, and did not interfere with the benefits of positive emotions. (Cohn, Michael et al, 2009)

### ***Affect/Emotions***

Affect is the term psychologists use to describe a person's experience of his or her emotions. Typically, emotions begin with an individual's assessment of the personal meaning of some

## **A Critical Overview of Research Studies on the Role of Positive Psychology Interventions in Enhancing Subjective Well-Being among High School Students**

antecedent event. Lazarus (1991) called this as personal environment, relationship, or adaptation encounter. Measures of affect can be thought of as measures of particular feelings or emotional states, and they are typically measured with reference to a particular point in time. Such measures capture how people experience life rather than how they remember it (Kahneman and Krueger, 2006). While an overall evaluation of life can be captured in a single measure, affect has at least two distinct hedonic dimensions: positive affect and negative affect (Kahneman et al., 1999; Diener et al., 1999). Positive affect captures positive emotions such as the experience of happiness, joy and contentment. Negative affect, on the other hand, comprises the experience of unpleasant emotional states such as sadness, anger, fear and anxiety.

This appraisal process either conscious or unconscious triggers a cascade of response tendencies which are manifested across loosely coupled component system, such as subjective experience, facial expressions, and physiological changes i.e., specific action tendencies and physiological changes are supplementary in nature.

**1. Negative mental state.** Negative mental state is less than neutral, experiencing hate, anger, jealousy and sadness.

The key to emotions are associated with specific action tendencies (Frijda, 1986; Frijda *et al.*, 1989). For example, fear is linked with the urge to escape, anger with the urge to attack, disgust with the urge to expel. (Fredrickson, 2004)

Negative emotions when extreme, prolonged or contextually inappropriate produce many grave problems for individuals and society ranging from phobias and anxiety disorders, aggression and violence, depression and suicide, eating disorders and sexual dysfunction to a host of stress related physical disorders.

***Research studies on the effect of negative emotions.*** Frequent experiences of negative emotions arise from lack of self satisfaction with academic achievements, negative peer pressure, physical punishment, teasing and bullying at school. These factors were significantly associated with depression that was found in students irrespective of the Board they belonged to, streams that they have chosen or their socio economic status as reported by Nirmal Verma, after a research conducted on three hundred and twenty one students studying in various boards of education in Raipur, India. The aim of the study was to assess the prevalence of depression among school students. The results had shown that 40.49% were found to be mildly depressed & 19% had suffered from major depression and the corresponding factors were academic dissatisfaction, peer pressure, and poor family relationships (Verma, Jain, & Roy, 2014).

## **A Critical Overview of Research Studies on the Role of Positive Psychology Interventions in Enhancing Subjective Well-Being among High School Students**

The negative rumination may be one of the reasons that students with low hope experience more anxiety and are more likely to be side tracked by self derogatory thoughts while taking the test (Onwuegbuzie & Snyder, 2000) which was proved by the study.

To examine the relationship between academic stress and depression among adolescents, a cross-sectional study was conducted in higher secondary school in Tamil Nadu, India which found that 1,224 students out of 2,432 tested were suffering from mild to moderate depression. Further investigation by Beck Depression Inventory (BDI) showed that out of the Cases Involved (CI), those with academic stress were at 2.4 times (95%CI= 0.924) ( $P<0.001$ ) at higher risk of clinical depression than those without academic stress.

Fear limits cognitive processing and generally amplifies our human tendencies to avoid taking action when positive emotions are in short supply (Fredrickson, 2004).

Over centuries, Psychology has been focusing on generating a remedy for the problem or dissolution of problem behaviour and bridging the deficit. Whereas, Positive Psychology, with a changed perspective, establishes the positive and the strengths, and emphasizes on developing them. As such, understanding positive affect or positive emotions becomes vital.

**2. Positive mental state.** Positive mental state is more than neutral when individuals experience joy, interest contentment and love. Free floating positive emotions motivate individuals to continue along any line of thinking or action that they have initiated. Positive emotion of joy sparks the urge to play, interest urges to explore, contentment sparks the urge to savour and integrate, love sparks a recurring cycle of these urges within safe and close relationships.

***Research Studies on Effect of Positive Emotions:*** *Positive emotions broaden through action repertoires.* The work of Khan & Isen shows that experiencing positive affect increases preference for variety and acceptance of a broader array of behavioural options. Fredrickson & Branigan (2005) conducted an experimental study and found that participants in two positive emotional states of Joy and Contentment will do the right thing, more than those in the negative emotional state of fear and anger.

**2.1. *Positive emotions undo lingering negative emotions.*** The undo hypothesis states that positive emotions may ‘correct’ or ‘undo’ the after effects of negative emotions. Earlier work on anxiety disorders has demonstrated the basic observation that positive and negative emotions are somehow incompatible. However, the precise mechanism responsible for this incompatibility has not been identified. The broaden function of positive emotions may play a role, by broadening an individual’s momentary thought – action repertoire. This would result in the positive emotion loosening the hold of the negative emotion on the individual. One marker of the specific action tendencies associated with negative emotions is increased cardiovascular activities. Fredrickson

## **A Critical Overview of Research Studies on the Role of Positive Psychology Interventions in Enhancing Subjective Well-Being among High School Students**

and Branigan (2005) tested this hypothesis and found two distinct types of positive emotions – mild joy and contentment – that share the ability to undo the lingering cardiovascular after effects of emotions.

**2.2. *Positive emotions fuel psychological resiliency.*** Resilience is the capacity to pull through after an adversity which suggests that resilient individuals would exhibit faster cardiovascular recovery following a high-activation negative emotion than less resilient individuals. Tugade & Fredrickson (2004) tested this hypothesis and found that resilient participants took less time to achieve cardiovascular recovery and was accounted for by differences in positive emotions. A prospective field study of American College Students before and after the terrorist attacks of September 11, 2001 provided consistent evidence.

Studies (Block & Kremen, 1996; Klohnen, 1946) have shown evidence that suggests that resilient people have optimistic, zestful and energetic approach to life, are curious and open to new experiences and are characterized by high positive emotions. Resilient people have been found to use positive emotion of humour (Werner & Smith, 1992), creative exploration (Cohler, 1987), relaxation and optimistic thinking (Murphy & Moriarty, 1976; Anthony, 1987) as strategies of coping i.e., Ability to cultivate one or more positive emotions such as amusement, interest, contentment or hope respectively.

**2.3. *Positive emotions build personal resources.*** Evidence suggests that positive emotions may fuel individual differences in resilience. This hypothesis was tested by B.L. Fredrikson in 2004 found that participants who found positive meaning and purpose in their best, worst and seemingly ordinary experiences each day showed increased resilience than those who did not find any positive meaning in their daily life experiences. This is a comment on how people might begin to harness the beneficial effects of positive emotions to optimize their own well being.

*Positive Emotions fuel Psychological and Physical Well Being.* The relationship between positive meaning and positive emotion is considered reciprocal i.e., finding positive meaning not only triggers positive emotions but also they broaden thinking and increases the likelihood of finding positive meaning in subsequent events (Fredrikson, 2004). This in turn builds people's psychological resilience and leads to enhanced subjective well being. It strengthens upward spiral and breaks the downward spiral created during depression. This was tested by Fredrikson & Joiner (2002) and result suggested that positive emotions and broad minded coping mutually depend on one another: Positive emotion not only makes one feel good in the present, but also by broadening thinking and building resources increase the likelihood of doing good and feeling good in future.



## **A Critical Overview of Research Studies on the Role of Positive Psychology Interventions in Enhancing Subjective Well-Being among High School Students**

Williams and Shaw (1999) posited that happier people have shown to be more co-operative, charitable and pro-social. Happy individuals were more likely to self regulate and cope with adversities and have healthier immune function

### ***Positive Psychology Interventions (PPI)***

They are characterised as “Programs, practices, treatment methods, or activities aimed at cultivating positive feelings, cognition, and behaviour. (Sin & Lyubomirsky, 2009). PERMA Model suggests that PPIs focus on Positive Emotions, Positive Engagement, Positive Relationships, Meaning, and Accomplishment (Seligman 2011). The removal of what is wrong and bring in what is strong is the essence of Positive Psychology Intervention; it seeks to ‘add’ rather than replace the approaches to well being that aim to reduce negative factors (Waters, 2011).

Being engaged involves a high life interest. As schools play an increasingly important role in assisting youth to develop cognitive, emotional, and social skills, it becomes ideal to introduce PPI in school curriculum so that students get equipped with absorbing activities and are engaged leading to flourishing accomplishment.

### **Research studies on positive psychology interventions.**

1. ***Positive psychology intervention cultivates hope among students.*** Snyder (1995) defined Hope as “the process of thinking about one’s goal, along with motivation to move towards goals (agency) & the way to achieve those goals (pathways). The study observes the relationship between hope and graduate students studying and test taking strategies by on Wegbuijie & Snyder (2000), found that high hope is positively correlated to higher scores. Students with hope showed better problem solving abilities and they used fewer disengagement strategies when dealing with stressful academic situations.

Marques, Lopez & Pais- Ribeiro (2011) investigated the effectiveness of a five week hope base intervention with the middle school students by a control group and an intervention group. Post test results showed that intervention group had significantly enhanced levels of hope, life satisfaction and self worth. They posited that a brief hope intervention delivered at school can increase well-being and that these benefits are long lasting.

2. ***Positive psychology intervention cultivates gratitude among students.*** Gratitude is defined as “a sense of joyful thankfulness in response to receiving a gift, whether the gift is a tangible benefit from a specific other or a moment of peaceful bliss evoked by natural beauty” (Peterson & Seligman 2004, P554). In the youth samples, gratitude has been significantly associated with positive affect, life satisfaction, optimism, social support and prosocial behaviour (Froh, Kashdan & Yukewicz, 2009).

## **A Critical Overview of Research Studies on the Role of Positive Psychology Interventions in Enhancing Subjective Well-Being among High School Students**

An intervention conducted on sixth and seventh grades, based on counting blessings, had three groups: gratitude, hassle and control groups. In the gratitude group, students were asked to journal things they were grateful for. The hassle group were asked to journal five things that ignited or annoyed them. Post test results showed that students in the gratitude group displayed increased gratefulness, optimism and life satisfaction than the students in hassle or the control group.

**3. *Positive psychology intervention cultivates serenity among students.*** Serenity is a feeling of peacefulness, stillness and calm. Fredrickson (2009) lists serenity as one of the top ten positive emotions. Research evidence suggests that many students do not feel calm or peaceful when they are at school (Burehinal, Robert, Zeisel & Rowky, 2008; Byrne, Davanport, & Mazanor 2007; Granin 1992).

Research into the benefits of feeling serene shows that this emotion allows for insight generation, expanded attention, integration of thoughts and emotions, stress reduction and heightened compassion (Keegan, 2009; Levine, 2009; Theygeson, Hooke, Clapsadde Robbins, & Moguist 2010).

One accepted technique of promoting positive emotion of serenity is meditation which is a process of paying attention, often to a particular object designated as a focus of concentration” (Campion & Rocco, 2009).

Mindfulness is a state of internally and non-judgementally paying attention to the present moment (Kabat-Zinn, 1994; Broderick & Melz, 2009). A study was conducted by holding six sessions of mindfulness training on students in a school as their health curriculum. They had divided the children into a training group and a control group. The training group showed increased feeling of calmness, relaxation and self acceptance and a decrease in negative affect than the control group after the intervention.

**4. *Positive psychology intervention develops resilience among students.*** Resilience is the ability and capacity to recuperate. It is positively linked with recovery from a set-back and stress as well as ability to reach out and seek new opportunities for growth (Reivich & Shatter 2002).

Penn Resiliency Program (PRP) teaches cognitive repairing assertiveness, decision making, coping skills, creative brain-storming and relaxation. It has been used for students aged eight to fifteen years. Seventeen studies have been compared with PRP conducted and two thousand students reported reduced symptoms of depression, hopelessness and anxiety than the control group with significant improvements in well being. (Seligman 2009) .

## **A Critical Overview of Research Studies on the Role of Positive Psychology Interventions in Enhancing Subjective Well-Being among High School Students**

**5. *Positive psychology intervention develops character strengths among students.*** Character strengths are defined as “pre-existing qualities that arise naturally, feel authentic, are intrinsically motivating to use, and energizing” (Brdar & Kashdan, 2010). Character strengths of perservance, fairness, gratitude, honesty, hope and perspective were significant predictors of higher Grade Point Average (G.P.A) (Park & Peterson, 2007).

Strathhaven Positive Psychology program developed in the USA is based on twenty four character strengths. VIA framework consist of twenty to twenty- five lessons to teach skills required for creating positive emotions and to allow students to identify and use their own character strengths.

Seligman evaluated the program and reported that there was improvement in the strengths related to love for learning and creativity but did not show any change in anxiety and depression.

Research has shown that college students with high hope levels have higher GPA and are more likely to graduate than those with low hope. When faced with challenges or obstacles in reaching their goals, those with higher hope levels have contingency plans and are willing to reach out for support to implement an alternative path toward their goal. (Grasgreen, 2012)

**6. *Positive psychology intervention increases life satisfaction.*** A research conducted by Sanghani Upadhyia and Sharma (2013) at a centre for positive psychology in India focusing on improving positive emotions by P.P.I showed increase in their life satisfaction and parents reported a positive transformation in their wards.

Research also suggested a few good reasons that well-being should be taught in educational institutions namely the current flood of depression and the nominal increase in happiness and satisfaction over the last two generations. It would be an antidote to the runaway incidence of depression, a way to increase life satisfaction and an aid to better learning and more creative thinking. (Sanghani, Arya, Mare & Ahuja, 2015)

### ***Critique***

Positive Psychology ignores the hedonic pursuit of pleasures. It seems like another guide for self-help optimism is a tool to help the individual achieve the goals he has set for himself (Seligman, 2006) but goals of social status and recognition may become illusionary (Miller, 2008).

Emotion is intentional and has an object. To illustrate, A is not simply angry but angry at someone. B is happy not simply but because he faired well in an exam. People feel different with different appraisal processes. Positive and Negative Emotions can co- exist as one can

## **A Critical Overview of Research Studies on the Role of Positive Psychology Interventions in Enhancing Subjective Well-Being among High School Students**

experience positive emotions for a certain incident and negative for another. The positive emotion of play can reduce a person's capabilities in necessary actions like work. Excessive love tends to become attachment and cause of misery. Interest, if not maintained or persevered may result in diversity and superficial knowledge. Contentment may make an individual lazy and complacent. More empirical research is required to validate the promising effect of positive emotions. Sometimes positive emotions pose problems as in mania or if they are drug induced. Sensory pleasures motivate people to continue beyond normal which can result in problems of addiction if it is alcohol or drug related. People cannot maintain positive emotions all the time. The actual and real circumstances need to be taken into account. Positive emotions does play a very important role in subjective well being and life satisfaction.

The removal of negative factors is critical to well-being as well as fostering positive factors are important for flourishing and accomplishment. The Broaden and Build Effect of Positive Emotions states that positive affect accumulates and compounds over time, has the capacity to transform individuals to healthier, more socially engaged, integrated, and resilient beings.

### **CONCLUSION**

Though Positive Psychology ignores the hedonic pursuit of pleasures as it is rooted in evolutionary and Humanistic Psychology and it seems like another guide for self-help, Positive emotions have the capacity to fuel flourishing which is a state of optimal human functioning, one that simultaneously implies growth and longevity, beauty and goodness, robustness and resilience and creativity and complexity (Keyes 2003; Fredrickson & Losada, 2005).

Well-being, engagement and academic outcome are positively correlated. As Cummins (1996) has insightfully stated, "human relationships are the heart of schooling". The interactions that take place between students and teachers and among students are more central to their success than any method of teaching literature, science, or math. When powerful relationships are established between teachers and students, these relationships can frequently transcend the economic and social disadvantages that afflict communities and schools alike". Teachers whom students see as supportive and who set clear expectations about behaviour help create an atmosphere in which students feel in control and confident about their ability to succeed in future educational endeavours.

Mental health promotion in schools is about providing a full continuum of mental health promotion programmes and services in schools. These include enhancing environments, promoting social and emotional learning and life skills, preventing emotional and behavioural problems, identifying problems and intervening early, and providing intervention for established problems (Weist and Murray, 2008).

## **A Critical Overview of Research Studies on the Role of Positive Psychology Interventions in Enhancing Subjective Well-Being among High School Students**

However, a core proponent of all conceptualizations of twenty first century schooling is the need for education to empower the student holistically in social, emotional, moral and intellectual aspects (Cain & CarWaters, L., 2011). Positive psychology has great promise for the field of education.

This paper opens avenue for substantial longer duration work in schools for Positive Psychology Interventions which will encourage educators to include them in the academic curriculum.

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## Study of the Emotional Maturity Level in Students of Saveetha Dental College- A Questionnaire Based Study

Nivetha<sup>1\*</sup>, Dr. Karpagam Krishnamoorthy<sup>2</sup>

### ABSTRACT

**Aim:** To study the emotional maturity level in students of Saveetha dental college. **Objective:** To estimate the emotional maturity and its impact on students with to relation to certain factors. **Background:** To conduct a survey on the emotional maturity level on students by preparing questionnaire with relation to certain factors. In present circumstances, youth as well as children are facing difficulties in life. These circumstances are giving rise to many psychosomatic problems such as anxiety, tension and emotional upsets in day to day life. Emotional maturity is not only the effective determinant of personality pattern but helps to control the growth of adolescent's development. **Reason :** I am interested to find out the emotional maturity level and to frame scale, based on it the individuals can be given awareness can be counseled for a balanced and sustained maturity.

**Keywords:** Emotional Maturity, First Year Undergraduates, Female Students.

Emotion may be defined as the stirred up condition of organism involving internal and external changes in body. Emotional maturity is a process which the personal is continuously striving for greater sense of emotional health both intra-psychically and intra- personally [6]. Now a days, Emotional pressure is increasing day to day adolescent stage [4]. Emotions are basic primeval forces by nature to enable the organism to cope up with circumstances which demand the utmost effort for survival. The emotions are the way of acting, as a way of getting along the world [3]. Emotions have strong link with urges, needs and interests. A healthy emotional development cultivates in emotional maturity [5]. Emotionally matured persons can make better adjustment with him as well as with others [2]. According to the Chamberlain (1960), An emotionally matured persons is one whose emotional life is well under control. A mature person's views life experiences as a learning experiences. When they are positive, he enjoys and revels in life. When they are negative, he accepts personal responsibility and his confident and can learn them to

<sup>1</sup> First year BDS, Department of Anatomy, Saveetha Dental College and Hospitals, Chennai, India.

<sup>2</sup> Lecturer, Department of Anatomy, Saveetha Dental College and Hospitals, Chennai, India.

\*Responding Author

**Study of the Emotional Maturity Level in Students of Saveetha Dental College  
- A Questionnaire Based Study**

improve his life. When things do not go well, matured person looks for an opportunity .When things do not go as anticipated ,the immature persons stamps his feet ,holds his breath and bemoans his fate[1].

### **MATERIALS AND METHODS:**

A questionnaire containing of 17 questions which measures the emotional maturity level of the individuals was prepared .A questionnaire was distributed to randomly chosen 52 girls who were studying in the saveetha dental college. This questionnaire consists of all positively worded questions. This questionnaire is “YES OR NO” type question. The score between 0-9 were considered as low emotional maturity level. The score between 10-17 were considered as a high emotional maturity level. The participants were asked to seated comfortably and the questionnaire was given to them. The instruction were given and answering these question accurately requires honest reflection on how you really think ,feel, and act in general and may be taking test on more than one occasion . The response was scored and the results were tabulated.

### **RESULTS**

#### *Score Of Each Female Students*

S.NO	SCORE
1	15
2	10
3	17
4	12
5	7
6	6
7	11
8	14
9	17
10	15
11	8
12	6
13	9
14	15
15	15
16	14
17	14
18	15
19	16



**Study of the Emotional Maturity Level in Students of Saveetha Dental College  
- A Questionnaire Based Study**

20	9
21	16
22	16
23	16
24	10
25	17
26	14
27	14
28	17
29	17
30	11
31	14
32	14
33	13
34	13
35	17
36	13
37	13
38	9
39	8
40	14
41	14
42	10
43	8
44	10
45	12
46	14
47	16
48	7
49	6
50	11
51	9
52	10

Average: 12.95

Highest Score: 17

Lowest Score: 6

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- A Questionnaire Based Study**

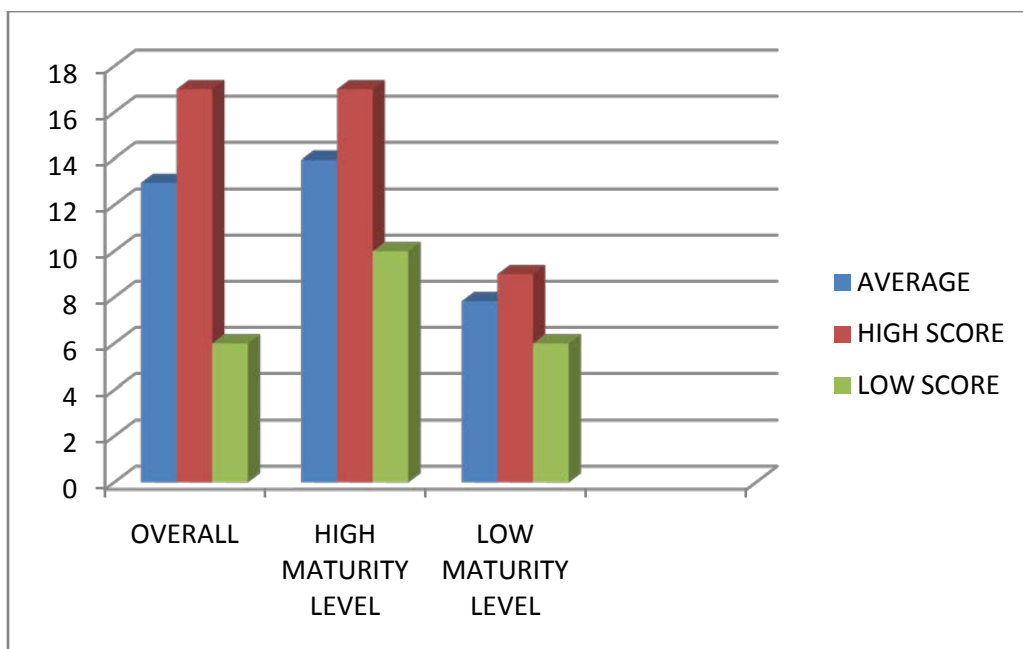
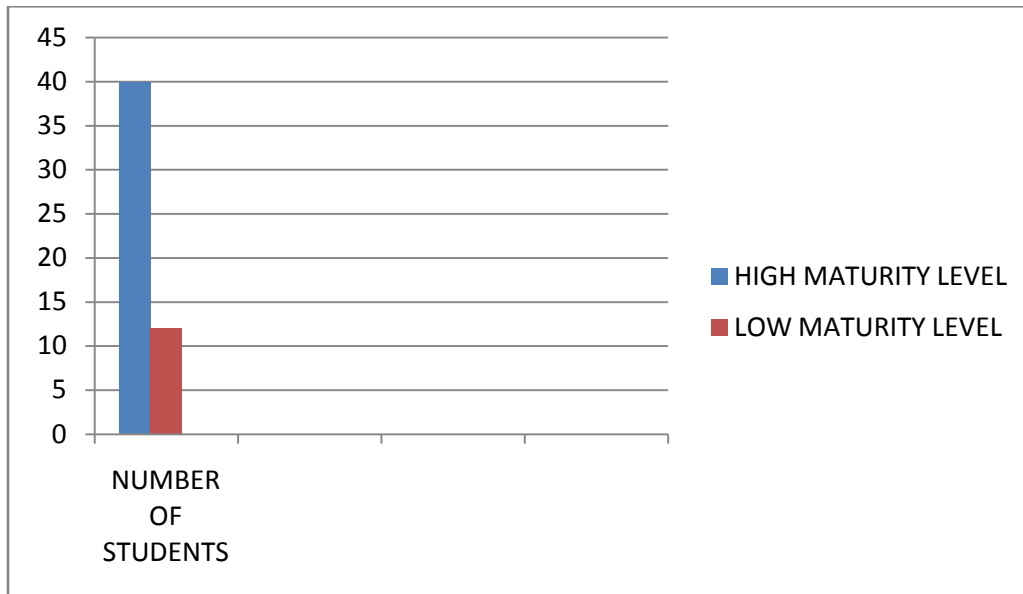
*Score Of High And Low Maturity Level Students*

<b>SCORE OF HIGH MATURITY LEVEL STUDENTS</b>	<b>SCORE OF LOW MATURITY LEVEL STUDENTS</b>
15	7
10	6
16	8
12	6
17	9
11	9
14	9
17	8
17	8
15	7
15	6
14	9
14	
15	
16	
16	
10	
17	
14	
14	
17	
17	
11	
14	
14	
13	
13	
17	
13	
14	
14	
10	
10	
12	
14	
16	
11	
10	

**Study of the Emotional Maturity Level in Students of Saveetha Dental College  
- A Questionnaire Based Study**

**Overall Score**

	OVERALL	HIGH MATURITY LEVEL	LOW MATURITY LEVEL
AVERAGE	12.96	13.95	7.83
NO.OF. SUBJECTS	52	40	12
HIGHEST SCORE	17	17	9
LOWEST SCORE	6	10	6



**Study of the Emotional Maturity Level in Students of Saveetha Dental College  
- A Questionnaire Based Study**

## **DISCUSSION**

In the results, individuals character are divided into two categories based upon their emotional scores as high maturity level and low maturity level. The average value of overall dimensions is found to be 12.96 which falls under the high maturity level. The average value of students who falls under the high maturity level is 13.95 whereas the average value of students who falls under low maturity level is 7.83. From the chart, it is clear that the number of high maturity level students is 40 which is higher than the number of low maturity level students. From the results, it is clear that the highest and lowest score of students in high maturity level is 17 and 10. Similarly, the highest and lowest score of students in low maturity level is 9 and 6.

## **CONCLUSIONS**

The present study may helps the parents and teachers to have knowledge emotional development of their children and students and help them to build a well balanced personality. Students in high maturity level leads to happy, rewarding and satisfying life. Students in low maturity level leads to getting upset easily, having low frustration level, extremely jealousy, unwillingness to forgive and unpredictable fluctuation of moods. So, students in low maturity level can be given psychological counseling or some activities that can help to increase the emotional maturity level are Be honest with our self, do things for others and expand our social circle. Individuals differ in their emotional maturity level.

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1 Department of Physical Education, Panjab University, Chandigarh INDIA.  
2 Department of Physical Education , DAV Model School,Sec-15 , Chandigarh INDIA  
3 Department of Physical Education(TE&L) , Post Graduate Government College , Sector-11, Chandigarh INDIA.
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